

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-032180

STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 88 Primary Registration District No. 4151 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <b>Crawford</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Crawford</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Steelville</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Steelville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				Length of stay in 1b		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>					
3. NAME OF DECEASED (Type or print) <b>Albert Leslie Viehman</b>				First <b>Albert</b> Middle <b>Leslie</b> Last <b>Viehman</b>		4. DATE OF DEATH Month <b>10</b> - Day <b>7</b> - Year <b>58</b>							
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>June 12, 1909</b>		9. AGE (In years last birthday) <b>49</b>		IF UNDER 1 YEAR Months <b>3</b> Days <b>25</b> Hours <b></b> Min. <b></b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) <b>Steelville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME <b>Lena Viehman</b>									
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>494-07-5803</b>		17. INFORMANT <b>Clarence Viehman</b> Address <b>Steelville</b>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute dilatation of heart</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic Cardiovascular-renal disease</b> DUE TO (c) <b>442X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Chronic nephritis with edema - 10yrs.</b>										INTERVAL BETWEEN ONSET AND DEATH <b>10 minutes</b> <b>5 yrs.</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Time of death not known accurately. Was found dead 10/7/58 - 5:15 PM</b>										
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>			20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Steelville Mo</b>		COUNTY <b></b> STATE <b></b>			
21. I attended the deceased from <b>July 1949</b> to <b>Sept 12/58</b> and last saw him alive on <b>Oct 5, 1958</b> Death occurred at <b>About 10 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Smith Robey</b> (Degree or Title)				22b. ADDRESS <b>Do. 2 Steelville Mo</b>		22c. DATE SIGNED <b>10/10/58</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>10-9-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Steelville</b>		23d. LOCATION (City, town, or county) (State) <b>Steelville Mo.</b>							
24. FUNERAL DIRECTOR <b>Harry Jonas</b> ADDRESS <b>Steelville, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>10/11/58</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Hazel Liskius</b>								

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 16 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Harry M Jones*

Licensed Embalmer No. 26

P. O. Address Steelville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.