

V. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36871

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 16 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13525**

Registration District No. **254** Primary Registration District No. **438C** Registrar's No. _____

75
1
0

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Oregon

(b) City or town Thayer
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 53 years (Specify whether _____)

3: (a) PRINT FULL NAME Gustave Joseph Lienard

3. (b) If veteran, name war -- 3. (c) Social Security No. --

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Aline Maria Lienard 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 21 1855
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>93</u> | <u>-</u> | <u>21</u> | _____ hr. _____ min. |

9. Birthplace Commenjes France
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad clerk, retired

11. Industry or business _____

MOTHER FATHER

12. Name Charles Lienard

13. Birthplace France
(City, town, or county) (State or foreign country)

14. Maiden name Felicie Delcoix

15. Birthplace Frances
(City, town, or county) (State or foreign country)

16. (a) Informant Angela Lienard

(b) Address Thayer, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/14/48
(Month) (Day) (Year)

(c) Place: burial or cremation Thayer Cem.

18. (a) Signature of funeral director Edith Crass

(b) Address Thayer, Mo.

19. (a) 3-26-48 (Date received local registrar) (b) Edith Crass (Registrar's signature) 2-8

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon **75**

(c) City or town Thayer **1**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **0**

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1948 hour 12 minute 15 A. M.

21. I hereby certify that I attended the deceased from Feb 8
1948 to Feb 12 1948
that I last saw him alive on Feb 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following fracture left hip

Due to Senility

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: PSIA
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident **75**

(b) Date of occurrence Jan 20 1948

(c) Where did injury occur? fall at home on steps
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W Cooper (M. D. or other) **WCP**
Address Thayer Mo Date signed 3-11-48

Duration 2 day 2 week

PHYSICIAN

Underline the cause to which death should be charged statistically.

Cooper

Dist. No. _____
District No. 448259
Date Filed 4-13-48

RECEIVED
MAY 8 1948

MAY 7 1948

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Licensed Embalmer No.....
P. O. Address.....

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 this body is not embalmed, fact should be so stated above.