S. No. 300
v. 10.48

FILED JUL 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22469

BIRTH NO. _____ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 29

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

1. PLACE OF DEATH
a. COUNTY: Audrain
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 East Highway 54

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Audrain
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Vandalia
d. STREET ADDRESS (If rural, give location): 610 East Highway 54

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Eugene
c. (Last): DeTienne

4. DATE OF DEATH (Month) (Day) (Year): July 20 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27 ~~1870~~ 1871
9. AGE (In years last birthday): ~~78~~ 77 — IF UNDER 1 YEAR: Months 11, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Maintenence
10b. KIND OF BUSINESS OR INDUSTRY: Highway
11. BIRTHPLACE (State or foreign country): Audrain Co Missouri
12. CITIZEN OF WHAT COUNTRY? US

13a. FATHER'S NAME: Constant B DeTienne
13b. MOTHER'S MAIDEN NAME: Mattie Pettis
14. NAME OF HUSBAND OR WIFE: Ethel May DeTienne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ethel May DeTienne — ADDRESS: Vandalia

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Nephritis Chronic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 592 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 14, 1949, *to* July 20, 1949, *that I last saw the deceased alive on* July 20, 1949 *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. H. Blandford II
23b. ADDRESS: Vandalia Mo
23c. DATE SIGNED: 7/22/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 23 1949
24c. NAME OF CEMETERY OR CREMATORY: Vandalia Cem
24d. LOCATION (City, town, or county) (State): Vandalia Missouri

DATE REC'D BY LOCAL REG.: July 25 1949
REGISTRAR'S SIGNATURE: Mallie Fuqua 6
25. FUNERAL DIRECTOR'S SIGNATURE: W S Waters — ADDRESS: Vandalia Mo

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1950

RECEIVED JUL 26 1949
District Health Officer No
District File Number 2-49-
Date Filed JUL 26 1949

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 .....
Student Embalmer

Signed William B. Yates

Licensed Embalmer No. 4169

P. O. Address Vandalia Mo

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.

State of Missouri } ss.
County of Audrain

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 22469
Local Registrar's No. 29

On this 4th day of August, 1949, before me appears Ethel May Ogden DeTienne, who, upon HER oath, states that the original record of ~~birth~~ death for William Eugene DeTienne died ~~born~~ July 20, 1949, in the State of Missouri, and which was filed at Vandalia Mo on July 23, 1949, should be corrected as follows:

Item No. 8 should read July 27 1871 - 77 yrs 11 mo - 23 dys

Instead of July 27 1870 - 78 yrs 11 mo - 23 dys

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Ethel May Ogden DeTienne Wife
Affiant Relationship.

810 Highway 54 E. Vandalia Mo
Present Address.

Subscribed and sworn to before me this 4th day of August 1949, 194

My Commission expires April 27th 1951 [signature] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
1—8-43
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S-22469

AUG 10 1949