

FILED MAY 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12510

BIRTH NO. _____		REG. DIST. NO. <u>116</u>		PRIMARY REG. DIST. NO. <u>3020</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Franklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Indiana</u> b. COUNTY <u>Vanderburgh</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washingtonille</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Route 5</u>		OR TOWN <u>Evansville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Est. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>William</u>		c. (Last) <u>Thiel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>never married</u>		8. DATE OF BIRTH <u>July 5 1895</u>		9. AGE (In years last birthday) <u>54</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u> IF UNDER 1 HR. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm hand</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Thiel</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Wochsmuth</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John G. Puhl Marthasville Mo.</u>			
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) <u>Lobar pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Brastotic</u> DUE TO (c) <u>Nephrosis of kidney</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>9 days</u> <u>7 days</u> <u>490X</u> <u>1 month</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 16, 1950</u> , to <u>April 26, 1950</u> , that I last saw the deceased alive on <u>April 26, 1950</u> , and that death occurred at <u>10:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. C. Linn</u> (Degree or title) <u>0 M.D.</u>				23b. ADDRESS <u>Marthasville Mo</u>		23c. DATE SIGNED <u>4/26/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4/27/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Evansville Indiana</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 26, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Marthasville, Mo.</u>	

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

0362

RECEIVED
APR 29 1950
District Health Officer No. 9,
District File Number

MAY 10 1950

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 _____

working under my personal supervision.

Student Embalmer No.

Signed Belmont F. Lichtenberg

Signed.....
Student Embalmer

Licensed Embalmer No. 4318

P. O. Address Marthesville, 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.