

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **16585**

**FILED JUN 2 1950**

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **4426** Registrar's No. ....

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Holt</b>	b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Corning</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Corning</b>	d. STREET ADDRESS (If rural, give location) <b>0440</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Corning, Mo.</b>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>Matilda</b>	b. (Middle) <b>Marie</b>	c. (Last) <b>Thieman</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>May 20, 1950</b>
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<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed 2</b>	<b>8. DATE OF BIRTH</b> <b>October 3, 1896</b>	<b>9. AGE</b> (In years last birthday) <b>53</b>	<b>10. UNDER 1 YEAR</b> Months _____ Days _____	<b>11. UNDER 1 HR.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>In the home</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Corning, Mo. - 0</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Johann Peters</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rebecca Bade</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>L. H. Thieman</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> (If yes, give war or dates of service) <b>486-30-4211</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Loren Thieman - Corning, Mo.</b>	<b>ADDRESS</b> <b>Corning, Mo.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>3 yrs</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cancer left breast</b>		
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Metastasis to lung</b> <b>DUE TO (c)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS*</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>170X</b>

<b>19a. DATE OF OPERATION</b> <b>April 1949</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>Carcinoma left breast with metastasis to axilla</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from May 13, 1950, to May 20, 1950, that I last saw the deceased alive on May 20, 1950, and that death occurred at 3 A. m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Dr. Bruce M. Roe 2</b>	<b>23b. ADDRESS</b> <b>Corning Mo.</b>	<b>23c. DATE SIGNED</b> <b>5/20/50</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>5/20/50</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Mount Hope</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Corning Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>5-21-50</b>	<b>REGISTRAR'S SIGNATURE</b> <b>122</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Wilber L. Schooler - Craig, Mo.</b>	<b>ADDRESS</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

0440



JUN 3 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 \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Wilber L. Schooler*

Licensed Embalmer No. *3997*

P. O. Address *Craig, 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.