

FILED JAN 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1661

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Higginsville,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 Elm St-Higginsville		d. STREET ADDRESS (If rural, give location) 1010 Elm Street	

3. NAME OF DECEASED (Type or Print) a. (First) Anna b. (Middle) Marie c. (Last) Tieman			4. DATE OF DEATH (Month) (Day) (Year) Jan 13 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Apr. 12th 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 9 Days 1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY House Wife		11. BIRTHPLACE (State or foreign country) Benton County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Munsick		13b. MOTHER'S MAIDEN NAME Unkown		14. NAME OF HUSBAND OR WIFE George Tieman	
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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 ADDRESS Martin Tieman Alma, Missouri	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterioscler Hypertension DUE TO (c) Generalized Arteriosclerosis			INTERVAL BETWEEN ONSET AND DEATH 48 Hours Years - Years - 321 X
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 <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 **Jan 11, 1951**, to **Jan 13, 1951**, that I last saw the deceased alive on **Jan 12, 1951**, and that death occurred at **3:35 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Halvor Appelman Jr. - MD		23b. ADDRESS Higginsville, Missouri		23c. DATE SIGNED Jan. 16, 51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/15/51		24c. NAME OF CEMETERY OR CREMATORY Alma Lutheran Cem-	
				24d. LOCATION (City, town, or county) (State) Alma, Missouri	

DATE REC'D BY LOCAL REG. Jan 17-1953		REGISTRAR'S SIGNATURE Clayton H. Landrum		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.H. Schaefer Higginsville, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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