

S. No. 300
V. 10.48

FILED JUN 14 1951

STANDARD CERTIFICATE OF DEATH

16290

State File No.

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 5456 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Rural Wilson Twsp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>enroute</u>		d. STREET ADDRESS (If rural, give location) <u>941 West Harrison</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3 1/2 mi S of Springfield, hwy 123</u>			

3. NAME OF DECEASED (Type or Print) <u>Angie</u>	a. (First)	b. (Middle) <u>Barrett</u>	c. (Last) <u>Tiede</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27 1951</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 16, 1909</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR Months	# UNDER 4 HRS. Hours	# UNDER 4 MINS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Billings, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Smilie Tiede</u>	<u>941 W. Harrison Springfield, Mo</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Smilie Tiede</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>less than 1 hr.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured skull, concussion,</u> DUE TO (c) <u>Crushed chest</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Broken arms and rt. leg</u>		<u>616 9.16</u>	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Greene Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 27, 1951 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>head on automobile collision</u>
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22. I hereby certify that I attended the deceased from X, 19 , to X, 19 , that I last saw the deceased alive on X, 19 , (and that death occurred at 10:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Allen Pickens</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Springfield, Mo.</u>	23c. DATE SIGNED <u>5-29-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Billings Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 4-51</u>	REGISTRAR'S SIGNATURE <u>Gloria Britton</u>	105	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Lohmeyer</u>	ADDRESS <u>Funeral Home</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

390
3 ✓

RECEIVED

Greene County Health Office,

County File Number 51-6-36

Date Filed 6-13-51

JUL 13 1951

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.....
Student Embalmer

Signed Bernard F. Wright

Licensed Embalmer No. 4893

P. O. Address Springfield, 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.