

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19947**

FILED JUL 6 - 1951

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **250**

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY _____	
b. CITY OR TOWN Bethany		c. CITY OR TOWN Charles City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethany Hospital		d. STREET ADDRESS (If rural, give location) 806 N. Iowa	

3. NAME OF DECEASED (Type or Print) a. (First) Almon	b. (Middle) Robert	c. (Last) Thelen	4. DATE OF DEATH (Month) (Day) (Year) 6-23-1951
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 11-13-1917	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months 7 Days 10	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY Oliver Farm Equip	11. BIRTHPLACE (State or foreign country) Charles City Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Fred Thelen	13b. MOTHER'S MAIDEN NAME Mable White	14. NAME OF HUSBAND OR WIFE None
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Fred Thelen	ADDRESS Charles City Iowa
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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		INTERNAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemothorax		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chest injury, fracture of right 4th, 5th & 6th ribs DUE TO (c) Head injury (extent undetermined).		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound fracture left leg.		2 1/2 hours 3:01/26	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT (Specify) SUICIDE HOMICIDE Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway 69 near rd. to Bethany, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bethany, Harrison, Mo.
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6 23 51 15p	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Head on collision
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **6-23**, 19**51**, and that death occurred at **3:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Leonard R. Lee M.D.	(Degree or title)	23b. ADDRESS Bethany, Mo.	23c. DATE SIGNED 6-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-24-1951	24c. NAME OF CEMETERY OR CREMATORY Grossmann Mortuary	24d. LOCATION (City, town, or county) (State) Charles City Iowa
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DATE REC'D BY LOCAL REG. 6-24-51	REGISTRAR'S SIGNATURE Zola Burris	25. FUNERAL DIRECTOR'S SIGNATURE W. S. ...	ADDRESS Bethany Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

411
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OCT 28 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed MB Lane

Signed _____
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, N.C.

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.