S. No. 300
V. 10.48

FILED AUG 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26337

BIRTH NO. 50897-51 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 292

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau 0164
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cape Girardeau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson 0161
d. STREET ADDRESS (If rural, give location): ∅

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): HENRY
c. (Last): THIELE

4. DATE OF DEATH (Month) (Day) (Year): Aug 18 - 1951

5. SEX: M O
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Inf
8. DATE OF BIRTH: Aug 9 - 1951
9. AGE (In years last birthday): —
UNDER 1 YEAR: Months —; Days 9
IF UNDER 24 HRS.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inf
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cape Girardeau Mo
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Edwin Thiele
13b. MOTHER'S MAIDEN NAME: Evelyn Foldveg
14. NAME OF HUSBAND OR WIFE:
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.: None
17. INFORMANT'S SIGNATURE OR NAME: Edwin Thiele
ADDRESS: Jackson Mo

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): Atresia of Terminal ileum — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: 8-13-51
19b. MAJOR FINDINGS OF OPERATION: Atresia of Terminal ileum
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug 9, 1951, *to* Aug 18, 1951, *that I last saw the deceased alive on* Aug 17, 1951, *and that death occurred at* 11:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. F. McDonald MD
23b. ADDRESS: Jackson, Mo.
23c. DATE SIGNED: 8-18-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 19-1951
24c. NAME OF CEMETERY OR CREMATORY: Russell Heights
24d. LOCATION (City, town, or county) (State): Jackson Mo

DATE REC'D BY LOCAL REG.: 8-19-1951
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE: McCombs Funeral Co
ADDRESS: Jackson Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 28 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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.

Student .....
Student Embalmer
Not Embalmed.

Signed B A Meyer

Licensed Embalmer No. 3057

P. O. Address Jackson 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.