

No. 300  
10. 48

750  
3

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38274

State File No. ....

FILED DEC 1 1951

BIRTH NO. _____		REG. DIST. NO. <u>254</u>		PRIMARY REG. DIST. NO. <u>5867</u>		Registrar's No. <u>481</u>					
1. PLACE OF DEATH a. COUNTY - <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer Rural</u>		c. LENGTH OF STAY (In this place) <u>69 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jeff (Rural)</u>		<u>1750</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>							
3. NAME OF DECEASED (Type or Print)			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH		(Month)	(Day)	(Year)	
<u>EMILIE</u>			<u>TILLIE</u>	<u>IWAN</u>	<u>11</u>		<u>13</u>	<u>1951</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 20 1871</u>		9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR	
<u>Male-</u>					<u>79</u>	<u>10</u>	<u>23</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Minnesota</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>John Loek</u>			13b. MOTHER'S MAIDEN NAME <u>Anna Schramm</u>			14. NAME OF HUSBAND OR WIFE <u>Julius F. Iwan</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Louise Wells Rt. 1, Thayer, Mo.</u>							
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) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>None</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>						<u>2 yrs.</u>	
				DUE TO (c)							
				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  <u>4201</u>									
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) (Min)		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 <u>9-1-</u> , 19 <u>51</u> , to <u>11-13-</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>11/10</u> , 19 <u>51</u> , and that death occurred at <u>11:00</u> a.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>She P. Ellison</u>				23b. ADDRESS <u>Thayer Mo.</u>				23c. DATE SIGNED <u>11-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 15, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jeff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jeff Missouri</u>					
DATE REC'D BY LOCAL REG. <u>11-27-51</u>		REGISTRAR'S SIGNATURE <u>Ella Brass</u>			416		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Leland Carter Thayer Mo</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
CORR. BY AFF.

RECEIVED

NOV 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

DEC 1 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

*Elmer Carter*

Signed.....

Student Embalmer

Licensed Embalmer No. 4576

P. O. Address Thurston, 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.

THE STATE BOARD OF HEALTH OF MISSOURI

BUREAU OF VITAL STATISTICS

State of Missouri

State File No. ....

County of Oregon } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. ....

On this 8th day of December, 1951, before me appears.....

*Edward Carter*

....., who, upon his oath, states that the original record of <sup>birth</sup> death

for EMILE TILLIE IWAN, died November 13, 1951, in the State of

Missouri, and which was filed at..... on Dec. 1, 1951, should be corrected as follows:

Item No. 5 should read Female

Instead of..... Male

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant *Edward Carter* Relationship *Survivor*

*Edward Carter*

*Thayer, Mo*  
Present Address

Subscribed and sworn to before me this 8 day of December, 1951.

My Commission expires Aug. 14, 1955 Gae W. Williams Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

(MAR 12 1951)