

5. No. 300
REV. 10. 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

821

State File No.

JAN 21 1952

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 7

0362

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

1. PLACE OF DEATH a. COUNTY Franklin.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri. b. COUNTY Franklin.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington.	
c. LENGTH OF STAY (in this place) 22 yrs.		d. STREET ADDRESS (If rural, give location) 217 Walnut St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 217 Walnut St.			

3. NAME OF DECEASED (Type or Print)	a. (First) Frederick	b. (Middle) H.	c. (Last) Thormann.	4. DATE OF DEATH (Month) (Day) (Year) Jan. 11th, 1952.
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 9th, 1864	9. AGE (In years last birthday) 87	10. MONTHS 4	11. DAYS 2	12. 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) Retired Produce Dealer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Washington, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Thormann.	13b. MOTHER'S MAIDEN NAME Unknown.	14. NAME OF HUSBAND OR WIFE Frances Thormann.
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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. X	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Walter F. Thormann	ADDRESS Washington, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) chronic nephritis & edema		4 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) general arteriosclerosis DUE TO (c) 		10 yrs
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. acute myocarditis		2 days	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 446X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Dec. 1946, 1946, to Jan 11, 1952, that I last saw the deceased alive on Jan 11, 1952, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE M.A. Shivers (Degree or title) MD	23b. ADDRESS Mrs. Elva Wehner, No. 1-11-52	23c. DATE SIGNED Jan 11 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 14, 1952.	24c. NAME OF CEMETERY OR CREMATORY Immanuel Lutheran Cemetery,	24d. LOCATION (City; town, or county) (State) Washington, Mo.
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DATE REC'D BY LOCAL REG. Jan 12, 1952	REGISTRAR'S SIGNATURE F. J. Schumann	FUNERAL DIRECTOR'S SIGNATURE G. L. Schumann & Co., Inc.	ADDRESS Washington, Mo.
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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

Signed A. J. Hilary

Licensed Embalmer No. 2387

P. O. Address Washington 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.