

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37534**

FILED NOV 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 389

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bucklin,</u>	
c. LENGTH OF STAY (In this place) <u>3 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elizabeth</u>		b. (Middle) _____ c. (Last) <u>Thiehoff</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13, 1952</u>			
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>Dec, 8, 1880</u>
9. AGE (In years, Months, Days) <u>71</u> <u>11</u> <u>5</u>		10. USUAL OCCUPATION (Here kind of work done during most of working life, even if retired) <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>New Cambria, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Jenkins</u>		13b. MOTHER'S MAIDEN NAME <u>Jane</u>	
14. NAME OF HUSBAND OR WIFE <u>Sylvester Charley Thiehoff</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Sylvester Charley Thiehoff, Bucklin, Mo.</u>			
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized peritonitis</u>		<u>48 hrs</u>	
DUE TO (c) <u>ruptured bowel</u>		<u>48 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <sup>3</sup> Conditions contributing to the death but not related to the disease or condition causing death. <u>Biliary cirrhosis</u>		<u>years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
19c. 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>10-22</u> <u>1952</u> , to <u>11-13</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>52</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. L. Toogler M.D.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>	
23c. DATE SIGNED <u>11-14-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 17, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Marceline Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marceline, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-15-52</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert 1-0</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Larson Funeral Service</u>		ADDRESS <u>Bucklin, Mo.</u>	
By <u>Larson</u>			

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

DEC 28 1934

**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

*Robert B. Davis*

Licensed Embalmer No. 4219

P. O. Address Funkville, 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.