

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2138

State File No.

FILED FEB 13 1953

BIRTH NO. REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 5679 Registrar's No.

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin, Baker Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bucklin, 0580	
c. LENGTH OF STAY (In this place) 34 yrs.		d. STREET ADDRESS (If rural, give location) Route #1, 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) Thiele Jr. c. (Last) Thiele Jr.			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1953			
5. SEX 0 male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married /	8. DATE OF BIRTH Jan. 17, 1919	9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Days 0	IF UNDER 10 HRS. Hours 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm		11. BIRTHPLACE (City and State or Foreign Country) Bucklin, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Carl Thiele	13b. MOTHER'S MAIDEN NAME Hulda Overstreet	14. NAME OF HUSBAND OR WIFE Emily Thiele
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emily Thiele, Bucklin, Missouri
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Choking wounds		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) of chest, fore & right DUE TO (c) lower extremity		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		E9121 3	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 058	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb 2, 1953 3:00pm	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Tractor turned over on the man
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22. I hereby certify that I attended the deceased from Feb 2, 1953, to Feb 2, 1953, that I last saw the deceased alive on Feb 2, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. A. Dinkelbess D. O. 2	23b. ADDRESS Bucklin Mo	23c. DATE SIGNED 2-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 4, 1953	24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cemetery	24d. LOCATION (City, town, or county) (State) Bucklin, Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Feb. 4, 1953 Mrs. Rudi Keller	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Barson Funeral Service, Bucklin, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

S. No. 300
IV. 10.48

0580

1961 FEB 14 1962

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 C. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.