

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

14830

State File No.

FILED APR 30 1953

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. 26

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

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| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>HIGGINSVILLE</u> c. LENGTH OF STAY (In this place) <u>61 YR.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HIGGINSVILLE</u> <u>0541</u> d. STREET ADDRESS (If rural, give location) <u>1202 MAIN</u> <u>0</u> | |
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| 3. NAME OF DECEASED (Type or Print) <u>HENRY CHRISTIAN THEE</u> | a. (First) _____ b. (Middle) _____ c. (Last) _____ | 4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>14</u> <u>53</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>MAY 29, 1854</u> | 9. AGE (In years last birthday) <u>98</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>14</u> | IF UNDER 1 YEAR Hours _____ Min. _____ |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>HOPEWELL, MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>WILLIAM THEE</u> | 13b. MOTHER'S MAIDEN NAME <u>CAROLINE MEYER</u> | 14. NAME OF HUSBAND OR WIFE <u>MINNIE JAEGER THEE (DECEASED)</u> |
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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) <u>NO</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ESTER THEE</u> <u>HIGGINSVILLE, MO.</u> |
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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, asthma, 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> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u> <u>Years</u> |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 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 March, 1950, to April 14, 1953, that I last saw the deceased alive on April 11, 1953 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Thelma E. Koppensind, M.D.</u> | 23b. ADDRESS <u>Higginsville, Mo.</u> | 23c. DATE SIGNED <u>Apr. 10-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>4-17-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL</u> | 24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE, MISSOURI.</u> |
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| DATE REC'D BY LOCAL REG. <u>April 20-53</u> | REGISTRAR'S SIGNATURE <u>Clayton W. Landrum</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Forrest A. Horder</u> <u>HIGGINSVILLE, MO.</u> |
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MAY 27 1958

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 Forrest A. Hoyle

Licensed Embalmer No. 4358

P. O. Address HIGGINSVILLE, 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.