

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21765**
Registrar's No. **3084**

FILED JUL 9 - 1953

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1802	Registrar's No. 3084	
1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 35 yrs	c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION KELLY'S CONVALESCENT			e. STREET ADDRESS (If rural, give location) 3190 4123-INDEPENDENCE AVE		
3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) DAVID c. (Last) THIEMAN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 16 - 53		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 10-30-1875	9. AGE (In years last birthday) 77	10. IF UNDER 1 YEAR Months 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SALESMAN DAVIS PAINT CO.	10b. KIND OF BUSINESS OR INDUSTRY CONCORDIA MO	11. BIRTHPLACE (City and State or Foreign Country) 0		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME HENRY N. THIEMAN		13b. MOTHER'S MAIDEN NAME MARY REHKOP		14. NAME OF HUSBAND OR WIFE LOAM'S FARLAND THIEMAN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE, OR NAME ADDRESS Mrs. Thieman Shuman Kansas		
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 1-2 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				3314
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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)	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 May , 19 50 , to 6/14 , 19 53 , that I last saw the deceased alive on 6/14 , 19 53 and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE L. E. Riller MD (Degree or title)			23b. ADDRESS K. C. 6 Mo.		23c. DATE SIGNED 6/17/53
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-18-53	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL	24d. LOCATION (City, town, or county) (State) KANSAS CITY MO		
DATE REC'D BY LOCAL REG. 6-17-53	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John P. Skelton K. C. Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed

John P. Sheil

Licensed Embalmer No. 23625

P. O. Address A.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.