

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

22389

FILED JUL 13 1953

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>273</u>		PRIMARY REG. DIST. NO. <u>3051</u>		Registrar's No. <u>69</u>	
1. PLACE OF DEATH a. COUNTY <u>Perry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Perryville</u>		0791	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Perry County Memorial Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>803 W. St. Joseph St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Philomine</u>		b. (Middle) <u>Marie</u>		c. (Last) <u>Tiehes</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 27, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>September 8, 1882</u>	
9. AGE (In years last birthday) <u>70</u>		10. UNDER 1 YEAR Months Days		10. UNDER 1 YEAR Hours Min.		11. BIRTHPLACE (State or foreign country) <u>Perry County, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Jules Richardet</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Walker</u>		14. NAME OF HUSBAND OR WIFE <u>William F. Tiehes</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>Wallace Tiehes, Perryville, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> and DUE TO (c) <u>arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>  <u>unknown</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		331X		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) m.		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>23 June, 1953</u> , to <u>29 June, 1953</u> that I last saw the deceased alive on <u>23 June, 1953</u> and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. J. Zellner</u>				23b. ADDRESS <u>Perryville, Mo.</u>		23c. DATE SIGNED <u>JUN 30 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 30, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Perryville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-30-53</u>		REGISTRAR'S SIGNATURE <u>Joe J. Zellner</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert Bey</u>		ADDRESS <u>Perryville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 15

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, \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....

*Albert Bey*

Licensed Embalmer No. *3866*

P. O. Address *Ferrynille, N*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.