

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **24128**  
 Registrar's No. **230**

FILED **AUG 10 1953**  
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010**

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

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Cape Girardeau</b> b. CITY OR TOWN <b>Cape Girardeau</b> c. LENGTH OF STAY (in this place) <b>86 yr</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>S E M Hospital</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b> c. CITY OR TOWN <b>Cape Girardeau</b> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <b>Route 2 0160</b>		
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Martin W Theile W</b> a. (First) _____ b. (Middle) _____ c. (Last) <b>Theile</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 29 1953</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>June 9 1867</b>		
<b>9. AGE</b> (In years last birthday) <b>86</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>21</b> IF UNDER 11 HRS: Hours _____ Min. _____		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Egypt Mills Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U S A</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own</b>		<b>13a. FATHER'S NAME</b> <b>William Theile</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>(Unk) Lange</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No xxxxxx</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME. ADDRESS</b> <b>M Theile Cape Girardeau Mo</b>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Arterio-sclerotic Heart Disease</b> ANTECEDENT CAUSES <b>Generalized Arterio-sclerosis</b> DUE TO (b) _____ DUE TO (c) _____ <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>4200</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from _____ 19____, to <b>29 July, 1953</b>, that I last saw the deceased alive on <b>24 July, 1953</b>, and that death occurred at <b>10:00 p.m.</b>, from the causes and on the date stated above.</b>					
<b>23a. SIGNATURE</b> <b>M. O'Keefe</b>		<b>23b. ADDRESS</b> <b>Cape Girardeau, Mo</b>		<b>23c. DATE SIGNED</b> <b>31 July 53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>8-1-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Egypt Mills Luth.</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Egypt Mills Mo</b>		<b>DATE REC'D BY LOCAL REG.</b> <b>8-2-53</b>			
<b>REGISTRAR'S SIGNATURE</b> <b>C. C. Summers</b>		<b>FUNERAL DIRECTOR'S SIGNATURE ADDRESS</b> <b>J. L. Howell Cape Girardeau MO</b>			

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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 *W. H. Estes*

Licensed Embalmer No. *356*

P. O. Address *Cape Girardeau*

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.