

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43622

FILED DEC 22 1953

State File No. _____

BIRTH MO. 9 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 423

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Vandalia</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0041</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Elizabeth's Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Joan</u>	b. (Middle) <u>Marie</u>	c. (Last) <u>DeTienne</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 16, 1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Never Married</u>	8. DATE OF BIRTH <u>Dec 15, 1953</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>1</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Elizabeth's Hannibal, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>Wesley DeTienne Junior</u>	13b. MOTHER'S MAIDEN NAME <u>Joan Dougherty</u>	14. NAME OF HUSBAND OR WIFE
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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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Wesley DeTienne Jr, Vandalia, Mo</u>	ADDRESS
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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 <u>1 day</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Probable Sarcoidosis Lung</u>		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>2 months prematurity</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>7625</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about house, 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 12/15/53 19, to 12/16/53 19, that I last saw the deceased alive on 12/16/53, 19, and that death occurred at 8:00 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wesley DeTienne MD</u>	(Degree or title)	23b. ADDRESS <u>Vandalia, Mo</u>	23c. DATE SIGNED <u>12/17/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Dec 17, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Audrain County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-18-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Lucke</u>	FUNERAL DIRECTOR'S SIGNATURE <u>William D. Waters</u>	ADDRESS <u>Vandalia, Missouri</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

DEC 21 1953

RECEIVED

MARION CO. HEALTH DEPT.

DEC 21 1953

DATE FILED

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 William B. Gates

Licensed Embalmer No. 4169

P. O. Address Vandalia 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 this body is not embalmed, fact should be so stated above.