No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8112

BIRTH NO. FILED MAR 22 1954 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charles E. Still Est.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lohman, Mo
d. STREET ADDRESS (If rural, give location): Morrow

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Kunigunda c. (Last) Thueroff

4. DATE OF DEATH: (Month) March (Day) 13 (Year) 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 10, 1871
9. AGE (In years last birthday): 82 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and State or Foreign Country): Steingtown, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Wolfgang Flügel
13b. MOTHER'S MAIDEN NAME: Elizabeth Lochach
14. NAME OF HUSBAND OR WIFE: John Thueroff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S ~~SIGNATURE~~ OR NAME: Mrs Gus Linsenbardt ADDRESS: Lohman Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency — 3 years
DUE TO (c) Chronic Cholecystitis — 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 20, 1954, to March 13 1954, that I last saw the deceased alive on March 13, 1954, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE: E. M. Ebeling (Degree or title) D.O.
23b. ADDRESS: Russellville, Mo
23c. DATE SIGNED: 3/15/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/15/54
24c. NAME OF CEMETERY OR CREMATORY: Lohman Luth. cem.
24d. LOCATION (City, town, or county) (State): Lohman Cole Co. Mo.

DATE REC'D BY LOCAL REG.: Mar 17-1954
REGISTRAR'S SIGNATURE: R.P. Dorris MD-NR
25. FUNERAL DIRECTOR'S SIGNATURE: Virgil W. Schubert ADDRESS: Russellville Mo

(Licensed Embalmer's Statement on Reverse Side)

49-0

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 Hugo H. Schubert

Licensed Embalmer No. 2820

P. O. Address Russellville, 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.