

FILED AUG 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28154

0550
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>383</u>		PRIMARY REG. DIST. NO. <u>5655</u>		Registrar's No. <u>425</u>			
1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MT. VERNON</u>		c. LENGTH OF STAY (In this place) <u>3 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL MT. VERNON</u>		d. STREET ADDRESS (If rural, give location) <u>650</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION									
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>D</u> c. (Last) <u>TIESEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 7 1954</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>		8. DATE OF BIRTH <u>JULY 27 1893</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		9. AGE (In years last birthday) <u>61</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>0</u> IF UNDER 12 HOURS Hours <u>0</u> Min. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY TIESEL</u>		13b. MOTHER'S MAIDEN NAME <u>ANNA HOLSCHUCH</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E TIESEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>497-32-0940</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bertha Rothermeyer Mrs. Vernon Mo</u>		ADDRESS			
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>10 da</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>				ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>					
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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) <u>331 X</u>					
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 <u>June</u> , 1954, to <u>8/7</u> , 1954, that I last saw the deceased alive on <u>8/6</u> , 1954, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>F. J. Snaven M.D.</u> (Degree or title)				23b. ADDRESS <u>mt vernon</u>		23c. DATE SIGNED <u>8/10/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUG. 10. 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVANGELICAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>7 MI. S.W. MT. VERNON, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-11-54</u>		REGISTRAR'S SIGNATURE <u>Cecil Handcock</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. Jossitt</u>		ADDRESS <u>mt vernon mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1958

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 me

working under my personal supervision.

Student Embalmer No.....

Signed W. L. Lovett

Signed.....
Student Embalmer

Licensed Embalmer No. 2201

P. O. Address W. L. Vernon

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.