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FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37719

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Sedalia</b> )	c. LENGTH OF STAY (In this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Sedalia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>212 1/2 South Ohio</b>		STREET ADDRESS (If rural, give location) <b>212 1/2 South Ohio</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b>	b. (Middle)	c. (Last) <b>THEISS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 9, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept. 15, 1890</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Tailor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Clothing</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Transylvania</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Molly Tauschel Theiss</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. <b>Not Known</b>	17. INFORMANT'S SIGNATURE OR NAME <b>John Theiss, Jennings, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac Failure</b>	<b>2 weeks</b>	
	ANTECEDENT CAUSES	DUE TO (b)	<b>years</b>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	<b>Chronic myocarditis</b>	<b>1 yr</b>
		DUE TO (c)	
	II. OTHER SIGNIFICANT CONDITIONS	<b>High grade edema</b>	<b>2 weeks</b>
	Conditions contributing to the death but not related to the disease or condition causing death.	<b>decreased body</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Sedalia Pettis MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>✓</b>	21e. INJURY OCCURRED <b>WHILE AT WORK</b>	21f. HOW DID INJURY OCCUR? <b>✓</b>
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22. I hereby certify that I attended the deceased from **11-26-1955**, to **12-9-1955**, that I last saw the deceased alive on **12-7-1955**, and that death occurred at **2A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>L. G. Marty M.D.</b>	23b. ADDRESS <b>1802 W. 11<sup>th</sup> St</b>	23c. DATE SIGNED <b>12/10/55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/10/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>12-10-55</b>	REGISTRAR'S SIGNATURE <b>Lucia Coody Deputy</b>	25. FINAL DIRECTOR'S SIGNATURE <b>Wm. Ewing</b>	ADDRESS <b>Sedalia, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Jan. 18.56

Dr. Marty

DEC 16 1934

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.....  
*Rhene Ewing*

Licensed Embalmer No.....

P. O. Address.....  
*Sedalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.