

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19841**

FILED JUL 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **2010** Registrar's No. **341**

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Cape Girardeau</b>		c. LENGTH OF STAY (in this place) <b>33 yrs.</b>	c. CITY OR TOWN <b>Cape Girardeau</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1721 Williams Street</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		• STREET ADDRESS (If rural, give location) <b>1721 Williams Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>GEORGIA</b>	b. (Middle) <b>MAE</b>	c. (Last) <b>THILENIUS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 6, 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 12, 1916</b>	9. AGE (In years last birthday) <b>40</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>29</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Practical Nurse</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Doctors office</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Chaffee, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>U. R. Elrod</b>	13b. MOTHER'S MAIDEN NAME <b>Maude George</b>	14. NAME OF HUSBAND OR WIFE <b>H. F. Thilenius</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>491-07-3584</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H. F. Thilenius</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 to 8 hrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Alcoholism &amp; Secondary Suffocation</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accidental</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>3220</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 \_\_\_\_\_, 19\_\_\_\_, to **7-6**, 19**56**, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:15 p** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Harold Redings</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Cape Girardeau Mo</b>	23c. DATE SIGNED <b>7/13/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 8, 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>7-14-56</b>	REGISTRAR'S SIGNATURE <b>Elizabeth Summers Dep</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Walker's Funeral Home</b>	ADDRESS <b>Cape Girardeau, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *William Lee Jones*.....

Licensed Embalmer No. *2747*.....

P. O. Address *Capl. Hill*.....

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.