

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40471

State File No.

FILED JAN 2 1957

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 121

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Dale Twp.</u>	
c. LENGTH OF STAY (In this place) <u>1hr.</u>		d. STREET ADDRESS (If rural, give location) <u>6 Mi. East of Fairfax</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>FRANK</u> c. (Last) <u>THIESFELD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 26, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 15, 1886</u>	9. AGE (In years last birthday) <u>70</u>	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) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>		11. BIRTHPLACE (State or foreign country) <u>Atchison County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Richard Thiesfeld</u>		13b. MOTHER'S MAIDEN NAME <u>Helene P. Kuckemann</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Okie Thiesfeld</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>***** 497-40-5491</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Okie Thiesfeld</u> ADDRESS <u>Fairfax Mo.</u>	

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) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 Hours.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>			<u>12 Hours.</u>
	DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			<u>unknown</u>
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)
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 July 1, 1954, to Dec 26, 1956, that I last saw the deceased alive on Dec 26, 1956, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Isaac J. Swane</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Union, Mo.</u>	23c. DATE SIGNED <u>12-27-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/28/56</u>	24c. NAME OF CEMETERY <u>Pleasant Ridge</u>
		24d. LOCATION (City, town, or county) (State) <u>Fairfax Mo.</u>

DATE REC'D BY LOCAL REG. <u>Dec 27, 1956</u>	REGISTRAR'S SIGNATURE <u>Theroin V. Schaefer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schooler Funeral Home</u> ADDRESS <u>Fairfax Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 18 1956

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 *Marvin H. Schaefer*

Licensed Embalmer No. *4162*

P. O. Address *Fairfax, Va.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.