

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5050

State File No. \_\_\_\_\_

FILED FEB 27 1957

501

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>72 yrs.</b>	d. Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of 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>St. Mary's Hospital</b>		STREET ADDRESS (If rural, give location) <b>732 Corbin Terrace</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b>		b. (Middle) <b>H.</b>	
c. (Last) <b>THILENIUS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 31, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 18, 1884</b>
9. AGE (In years) (Month) (Day) (Year) <b>72</b>		10. AGE (In years) (Month) (Day) (Year) IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Accountant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Steel Sale &amp; Equip. Co.</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Henry Thilenius</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Kern</b>	
14. NAME OF HUSBAND OR WIFE <b>Mrs. Ruth Thilenius</b>			
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>495-07-4240</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Ruth Thilenius, 732 Corbin Terr. K.C. Mo.</b>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b> INTERVAL BETWEEN ONSET AND DEATH <b>4 days</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. <b>332X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) (Min.)		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 <b>1-28, 1957</b> , to <b>1-31, 1957</b> , that I last saw the deceased alive on <b>1-31, 1957</b> , and that death occurred at <b>4 7 m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (W) <b>J. Stelmach</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>7951 State Line</b>	
23c. DATE SIGNED <b>2-1-57</b>			
24a. BURIAL CREMATION (Specify) <b>Burial</b>		24b. DATE <b>Feb. 3, 1957</b>	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Carbondale, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>2-1-57</b>		REGISTRAR'S SIGNATURE <b>new minshall</b>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS <b>Freeman Mortuary, Kansas City, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

ST. JOHN  
8-10 A.M. F.R.I.

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 *Clayton Barnes*

Licensed Embalmer No. 4793

P. O. Address *F. R. Inc.*

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.