

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13815

STATE FILE NUMBER

FILED MAY 14 1957

Registration District No. 383 Primary Registration District No. 5653 Registrar's No. 55

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, give TOWNSHIP only) OR TOWN <u>Hoberg</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Mt. Vernon</u>		0550 0	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>57mi S. Mt. Vernon, MO</u>			Length of stay in lb <u>Life</u>	d. STREET ADDRESS (If outside, give location) <u>Rural Route #3</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Launa</u> First <u>Tiesel</u> Middle <u>-</u> Last <u>Tiesel</u>				4. DATE OF DEATH <u>May-10-1957</u> Month <u>May</u> Day <u>10</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov-16-1910</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House keeping</u>		11. BIRTHPLACE (City and state or country) <u>Mt. Vernon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Fred Jung</u>				14. MOTHER'S MAIDEN NAME <u>Roscina Manning</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>			16. SOCIAL SECURITY NO.	17. INFORMANT <u>Leonard Tiesel (Husband)</u> Address <u>Mt. Vernon, MO</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sarcoma, retroperitoneal</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Pathologist unable to</u> DUE TO (c) <u>identify origin</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>158x</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <u>5</u> Month <u>5</u> Day <u>10</u> Year <u>1957</u> a. m. <u>p.</u> m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>11/9/56</u> to <u>5/10/57</u> and last saw <u>her</u> alive on <u>5/10/57</u> Death occurred at <u>5 p. m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>L. J. Tiesel M.D.</u> (Degree or title)				22b. ADDRESS <u>Mt. Vernon</u>		22c. DATE SIGNED <u>5-13-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
<u>Burial</u>	<u>May-13-1957</u>	<u>Zion Evangelical Cemetery</u>		<u>Mt. Vernon, Lawrence Co., Missouri</u>			
24. FUNERAL DIRECTOR <u>H.D. Fossett</u> ADDRESS <u>Mt. Vernon, Missouri</u>			25. DATE RECD. BY LOCAL REG. <u>5-11-57</u>		26. REGISTRAR'S SIGNATURE <u>Cecil Gendrick</u>		

MS APR 28 1957

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*....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H. O. Lanett*.....

Licensed Embalmer No. *270*

P. O. Address *W. A. ...*

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.