

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 20 1957

State File No. **16055**

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u> Registrar's No. <u>182</u>	
1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Minnesota b. COUNTY Hennepin		
b. CITY (If outside corporate limits, write RURAL and give OR 790th. AC&W Squadron c. LENGTH OF STAY (in this place) TOWN Kirkville Airforce Base, Ida		c. CITY OR TOWN Minneapolis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION D.O.A. Grim-Smith Hosp.			STREET (If rural, give location) ADDRESS 1210 University Ave. § 228		
3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) Harry c. (Last) Theriault			4. DATE OF DEATH (Month) (Day) (Year) May 14 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, SINGLE (Specify) WIDOWED, DIVORCED	8. DATE OF BIRTH Mar. 9, 1919		9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 1 HS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook		10b. KIND OF BUSINESS OR INDUSTRY U.S. Airforce	11. BIRTHPLACE (City and State or Foreign Country) Minneapolis, Minn.		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Fred N. Theriault		13b. MOTHER'S MAIDEN NAME Theresa Kapala		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Cecil Russell, (Sister) Route # 4, Macon, Missouri		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute circulatory failure ANTECEDENT CAUSES DUE TO (b) Coronary thrombosis DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH minutes minutes years years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION Complete		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> XXIX	
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 <u>About</u> , 19 <u>57</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:30a.m.</u> , from the causes and on the date stated above.					
23. SIGNATURE (Degree or title) Novat E. Foster Coroner			23b. ADDRESS Kirkville, Adair, Mo.		23c. DATE SIGNED May 15, 1957
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 18 1957	24c. NAME OF CEMETERY OR CREMATORY St. Marys	24d. LOCATION (City, town, or county) (State) Minneapolis, Hennepin, Minn.		
DATE REC'D BY LOCAL REG. 5-15-1957		REGISTRAR'S SIGNATURE Doris W. Rattiff		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Novat E. Foster Kirkville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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JUN 24 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 Student Embalmer No. working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed.....
Novel E. Foster

Licensed Embalmer No. 4742.....

P. O. Address..... Kirksville, Mo.

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.