

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16097

FILED JUN 5 1957

STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 11

Health, Welfare & Public Service
300
1-56
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

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, give TOWNSHIP only) Vandalia Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Vandalia <u>0070</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 North Lindell Length of stay in lb <u>55 days</u>		d. STREET ADDRESS 204 North Lindell (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Frederick Benjamin De Tienne <i>First Middle Last</i>		4. DATE OF DEATH May 27, 1957 <i>Month Day Year</i>	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 14, 1879
9. AGE (In years less birthday) 78		10. KIND OF BUSINESS OR INDUSTRY Publisher	11. BIRTHPLACE (City and state or country) Audrain County, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Newspaper		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Henry De Tienne		14. MOTHER'S MAIDEN NAME Mary Jane Douchant	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 449-10-0770A	
17. INFORMANT Mrs Etta De Tienne Address VANDALIA, MISSOURI		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Dementia DUE TO (c) Arterio sclerosis	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
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 12:25 Month, Day, Year a. m. p. 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 August 15, 1956 to May 28, 1957 and last saw her/him alive on May 28, 1957 Death occurred at 12:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Do not print) H. W. Blaid m d		22b. ADDRESS Vandalia, Missouri	
22c. DATE SIGNED 5/29/57		23a. BURIAL, CREMATION, etc. (Specify) Burial	
23b. DATE May 29, 1957		23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	
23d. LOCATION (City, town, or county) Vandalia, Missouri		(State)	
24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia, Mo		25. DATE RECD. BY LOCAL REG. May 29 1957	
26. REGISTRAR'S SIGNATURE Mallie Fugua			

JUN 12 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 *William B. Wate*

Licensed Embalmer No. *41*

P. O. Address *Vandalia*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.