

STANDARD CERTIFICATE OF DEATH

STATE FILE NO. 16672

FILED JUN 3 1957

116

3020

Registrar's No. 1423

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY Franklin.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Franklin.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Washington 0362		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital.		Length of stay in lb 2:55	d. STREET ADDRESS (If outside, give location) 304 Elm St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Edward Middle M. Last Thias.			4. DATE OF DEATH Month May Day 24th , Year 1957.		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 7th, 1867.	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR IF UNDER 24 HRS. Months 5 Days 17 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant.		10b. KIND OF BUSINESS OR INDUSTRY General Store.		11. BIRTHPLACE (City and state or country) Washington, Mo.	
13. FATHER'S NAME Henry C. Thias.			14. MOTHER'S MAIDEN NAME Katharine Klingsick.		
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. None.		17. INFORMANT Henry C. Thias Address Washington, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia DUE TO (b) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222					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 _____ Month _____ Day _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK		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 Sept 1957 to May 24, 57 and last saw him her alive on May 29, 57 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. F. ... M.D.			22b. ADDRESS Washington Mo		22c. DATE SIGNED 5/24/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May 27, 1957.	23c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery,		23d. LOCATION (City, town, or county) (State) Washington, Mo.
24. FUNERAL DIRECTOR Nieburg Witt, Inc		ADDRESS Washington, Mo.		25. DATE RECD. BY LOCAL REG. May 27, 1957	26. REGISTRAR'S SIGNATURE J.P. ...

(Licensed Embalmer's Statement on Reverse Side)

DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A CAUSE OF DEATH UNLESS HE KNOWS THE CAUSE. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

JUN 10 1951

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 *Alvin C. Melburg*

Licensed Embalmer No. *23*

P. O. Address *Washington*

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

FORM 1, 1950