

Health, Welfare, Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON-TYPEWRITE IF POSSIBLE
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 10. No symptoms will be listed. All

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
34725

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Fairfax</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 <u>Community Hosp.</u>			Length of stay in lb <u>3 days</u>	d. STREET ADDRESS			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>OKIE</u> <u>MARIE</u> <u>THIESFELD</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>28</u> Year <u>1957</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 3, 1892</u>		9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Atchison Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13. FATHER'S NAME <u>Dowell Stamper</u>				14. MOTHER'S MAIDEN NAME <u>Virginia L. Davis</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>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Richard D. Thiesfeld</u>		Address <u>Fairfax 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>Cerebrovascular Accident</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral Remurrage</u> DUE TO (c) <u>Arteriosclerotic Hypertension</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>331X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs</u> <u>unknow</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> </u> Month, Day, Year a. m. <u> </u> p. m. <u> </u>							
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>July 1, 1952</u> to <u>Oct 28, 1957</u> and last saw her alive on <u>Oct 28, 1957</u> . Death occurred at <u> </u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Maude F. Juveney M.D.</u>				22b. ADDRESS <u>Atchison, Mo.</u>		22c. DATE SIGNED <u>10-29-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		23d. LOCATION (City, town, or county) <u>Fairfax</u>		(State) <u>Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Schooler Funeral Home Fairfax Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>Oct 29, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Therwin Thiesfeld</u>		

(Licensed Embalmer's Statement on Reverse Side)

JUL 18 1958

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 *Marvin H. Schaefer*

Licensed Embalmer No. *416*

P. O. Address *Fairfax*

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.