

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006665

STATE FILE NUMBER

FILED FEB 26 1958

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 9

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-57

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|--|----------------------------------|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Perry</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Perryville</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>122 N. Walnut St.</u> | | Length of stay in lb <u>Life</u> | d. STREET ADDRESS <u>122 N. Walnut St.</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Theodore</u> Middle <u>R.</u> Last <u>Thilenius</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>4,</u> Year <u>1958</u> | | |
| 5. SEX <u>Male</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>April 24, 1881</u> | | 9. AGE (In years last birthday) <u>76</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Ice Plant Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Perryville, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Edward Thilenius</u> | | 13b. MOTHER'S MAIDEN NAME <u>Amelia Brandes</u> | | 14. NAME OF HUSBAND OR WIFE <u>Arabella Thilenius</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>493-36-6591</u> | | 17. INFORMANT Address <u>Mrs. Arabella Thilenius, Perryville, 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>Coronary Occlusion</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last. } DUE TO (b) <u>Coronary Heart Disease</u> | | | | <u>5 yrs</u> | |
| DUE TO (c) | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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.) <u>4201</u> | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Death occurred at <u>June 15, 1958</u> <u>6:30</u> <u>PM</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | to <u>Feb 4, 1958</u> | | and last saw her him alive on <u>Feb 4, 1958</u> | |
| 22a. SIGNATURE <u>A. A. Carren M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Perryville Mo.</u> | | 22c. DATE SIGNED <u>2-5-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Feb. 6, 1958</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u> | |
| | | | | 23d. LOCATION (City, town, or county) (State) <u>Perryville, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Young & Sons Perryville Mo</u> | | ADDRESS <u>2-7-58</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-7-58</u> | |
| | | | | 26. REGISTRAR'S SIGNATURE <u>J. J. Zolner</u> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 - *Edward B. Young*

Licensed Embalmer No. *2138*

P. O. Address *Peayville*

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.