

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021635

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 646

300
-57

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1. PLACE OF DEATH a. COUNTY GREEN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY TEXAS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN RAYMONDVILLE ¹⁰⁷⁰⁰ Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHNS		Length of stay in 1b 10 minutes	d. STREET ADDRESS (If outside, give location) 1 Mi. North Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAKE MAJOR THEINER			4. DATE OF DEATH Month Day Year JUNE 20, 1958
5. SEX MALE	6. COLOR OR RACE CAUS	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 10, 1875
9. AGE (In years) (If under 1 year: Months Days) (If under 24 hrs: Hours Min.) 83 3 10		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GENERAL	11. BIRTHPLACE (City and state or country) (Cook) Chicago, Ill.
13a. FATHER'S NAME Joseph Theiner		13b. MOTHER'S MAIDEN NAME MARY - UNKNOWN	14. NAME OF HUSBAND OR WIFE NANNIE (BRASHEARS) THEINER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. None	17. INFORMANT Address OLLIE SMALLWOOD - RAYMONDVILLE
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) _____ DUE TO (c) Arteriosclerotic Heart Disease 4200H PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Lymphoma - probably Hodgkins Disease			INTERVAL BETWEEN ONSET AND DEATH 12 hours years 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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, 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 9-10-56 to 6-20-58 and last saw him alive on 6-20-58 Death occurred at 11:45 AM. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sho R. Tan, M.D.		22b. ADDRESS Houston, Mo.	22c. DATE SIGNED 6-21-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-22-58	23c. NAME OF CEMETERY OR CREMATORY Alben Cemetery	23d. LOCATION (City, town, or county) (State) Raymondville, Mo.
24. FUNERAL DIRECTOR ADDRESS GUANS FUNERAL Houston Mo.		25. DATE RECD. BY LOCAL REG. 6-23-58	26. REGISTRAR'S SIGNATURE Effie G. Mellon

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 *Lowell Craig*

Licensed Embalmer No. *4766*
P. O. Address *Houston, 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.