

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022772

STATE FILE NUMBER

FILED JUN 30 1958

Registration District No. 273 Primary Registration District No. 5915 Registrar's No. 67

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>Central Twp.</u>		c. CITY OR TOWN <u>Perryville</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Pine Lawn Nur. Home</u>		d. STREET ADDRESS (If outside, give location) <u>6791 High Street</u>	
3. NAME OF DECEASED (Type or print) First <u>August</u> Middle <u>M.</u> Last <u>Thieret</u>		4. DATE OF DEATH Month <u>5</u> Day <u>31</u> Year <u>58</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ / DIVORCED ☐	8. DATE OF BIRTH <u>11-10-1875</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Thieret</u>		13b. MOTHER'S MAIDEN NAME <u>Barbara Hoehn</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Weiss</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 Address <u>Everett Thieret, 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>Cerebral vascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) <u>334X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs.</u> <u>Years</u>
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 ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.			
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT 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 <u>5-12-58</u> to <u>5-31-58</u> and last saw him alive on <u>5-30-58</u> Death occurred at <u>5-31-58 1:15 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>G. E. Fairchild, M.D.</u>		22b. ADDRESS <u>Perryville, Mo.</u>	
22c. DATE SIGNED <u>6-3-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>6-2-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Perryville Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Young & Sons Perryville Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-9-58</u>	
26. REGISTRAR'S SIGNATURE <u>Jose J. Zuelke</u>			

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300
1-57

4

5-1

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 *Conanlynn*

Licensed Embalmer No. 2138

P. O. Address Perryville Pa

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.