

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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FILED VS JAN - 4 1960 362

Registration District No. 362 Primary Registration District No. 4533 Registrar's No. 64

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Warren			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Warren		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wright City		Length of stay in 1b	c. CITY OR TOWN Wright City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Rebecca Middle Eveline Last Thoroughmann			4. DATE OF DEATH Month Dec Day 23 Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/25/72	9. AGE (last birthday) 87	IF UNDER 1 YEAR: Months <input type="checkbox"/> Days <input type="checkbox"/> IF UNDER 24 HR: Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Warren CO Mo		12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME Charles Thoroughmann		13b. MOTHER'S MAIDEN NAME Angeline Williams		14. NAME OF HUSBAND OR WIFE	
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 Lillian Pauk, Wright City 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) Medullary Collapse					INTERVAL BETWEEN ONSET AND DEATH 30 min
DUPLICATE TO (b) Acute Cardiac Failure					12 hrs.
DUPLICATE TO (c) Anuria (Renal Failure)					24 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Debilities of Old Age					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 10-20-50 to Death and last saw her ^{her} alive on 12-21-59 Death occurred at A-15-A m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. Beckmeyer</i> (Degree or title)			22b. ADDRESS Wright City Mo.		22c. DATE SIGNED 12-26-59
23a. BURIAL CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/26/59	23c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery		23d. LOCATION (City, town, or county) (State) Wright City Missouri	
24. FUNERAL DIRECTOR Nieburg Furn & Und CO Wright City			25. DATE RECD. BY LOCAL REG. 12-26-59	26. REGISTRAR'S SIGNATURE <i>Floyd Logan</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~of~~ By _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Julius J. Niebur

Licensed Embalmer No. 336

P. O. Address Wright

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