

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**FILED VS APR 18 1960**

**-60-014324**

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 453 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>2 weeks</b>	c. CITY OR TOWN <b>Cosby</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Methodist Hosp.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rural</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Flora</b> Middle <b>Theis</b> Last <b>Theis</b>	4. DATE OF DEATH Month <b>April</b> Day <b>8</b> Year <b>1960</b>
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5. SEX <b>FEMale</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 1, 1875</b>	9. AGE (last birthday) <b>84</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>9</b>	IF UNDER 24 HR Hours <b>5</b> Min. <b>42</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>Avenue City, Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>John Wagenblast</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Shafer</b>	14. NAME OF HUSBAND OR WIFE <b>Henry Theis</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>Helen Theis, Cosby, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coro Vascular Renal disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 yr 5 1/2</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Arterio Sclerosis</b>	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	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
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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.)
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20c. TIME OF INJURY Hour <b>4:15</b> Month, Day, Year <b>4-22-59</b>	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 <b>Cosby</b> COUNTY <b>Missouri</b> STATE <b>Missouri</b>
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21. I attended the deceased from <b>4-22-59</b> to <b>4-8-60</b> and last saw her alive on <b>4-8-60</b> Death occurred at <b>4:15 P.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <b>Donald Henry Theis</b> (Dress or title)	22b. ADDRESS <b>Savannah, Missouri</b>	22c. DATE SIGNED <b>4-11-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Apr. 11, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Cosby E.U.B. Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cosby, Missouri</b>
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24. FUNERAL DIRECTOR <b>Heuser-Koffler-Heaman Inc.</b> ADDRESS <b>St. Joseph, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>April 15, 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Clark Gadd</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF F.C. Long, M.D.

SEP 2 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Eric J. Anthony*

Licensed Embalmer No. 4679

P. O. Address *J. Joseph*

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.