

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 6 1960

=60-022545

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 272

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>			2. USUAL RESIDENCE (Where deceased lived) If institution: Residence before admission a. STATE <u>Missouri</u> COUNTY <u>Cape Girardeau</u>		
b. CITY (If outside corporate limits give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		Length of stay in 1b <u>3 hrs</u>	c. CITY OR TOWN <u>Jackson</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>Southeast Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>220 Morgan St</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>TONY</u> Middle <u>EDWARD</u> Last <u>THIELE</u>			4. DATE OF DEATH Month <u>June</u> Day <u>22</u> Year <u>1960</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 14, 1888</u>	9. AGE (Use birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Garber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flour Milling</u>	11. BIRTHPLACE (City and state or country) <u>Daisy Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Thiele</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Crites</u>		14. NAME OF HUSBAND OR WIFE <u>Flora Moore Thiele</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 <u>Flora Thiele Jackson Mo</u> Address _____		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Aortic valvular heart disease</u>					<u>6 yrs.</u>
DUE TO (b) <u>Aortic stenosis</u>					<u>6 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)					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 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 _____ a.m. _____ p.m.	Month, Day, Year _____				
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 <u>Dec 9, 1953</u> to <u>June 22, 1960</u> and last saw him alive on <u>June 21, 1960</u> Death occurred at <u>11-30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>J. N. Jaeger, M.D.</u>			22b. ADDRESS <u>Jackson, Mo</u>		22c. DATE SIGNED <u>6-24-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>June 24, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Russell Heights</u>		23d. LOCATION (City, town, or county) (State) <u>Jackson Mo</u>	
24. FUNERAL DIRECTOR <u>W. Miller Jackson Mo</u> ADDRESS _____		25. DATE REGD. BY LOCAL REG <u>6-27-60</u>	26. REGISTRAR'S SIGNATURE <u>Gene Kaster</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 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 *H. C. [unclear]*

Licensed Embalmer No. 432

P. O. Address Jackson

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.