

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-031742

LED VS AUG 22 1960

Registration District No. 305

Primary Registration District No. 6047

Registrar's No. 21

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lincoln	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HiWay 61 <i>Wentzville</i>	Length of stay in 1b	c. CITY OR TOWN Troy	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 Miles North of Wentzville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RR #1

3. NAME OF DECEASED (Type or print) First DONALD Middle FRANK Last TIEFENTHALER			4. DATE OF DEATH Month August Day 8 Year 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/2/1927	9. AGE (last birthday) 33	IF UNDER 1 YEAR Months 3 Days 6 Hours Min. 	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver	10b. KIND OF BUSINESS OR INDUSTRY Pepsi Cola C.	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Gus Tiefenthaler	13b. MOTHER'S MAIDEN NAME Viola Landsraaf	14. NAME OF HUSBAND OR WIFE Irene Tiefenthaler
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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) Yes July 1945 - 1946	16. SOCIAL SECURITY NO. 495-24-1541	17. INFORMANT Irene Tiefenthaler, Troy, Missouri	Address RR #1
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Car hit telephone pole	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Speed and lost control of car DUE TO (c) One car involved	
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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Car ran off Highway & hit pole
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20c. TIME OF INJURY Hour 8 a.m. 8-60 p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway #40-61 near Wentzville	20f. CITY, TOWN, OR LOCATION St. Charles, Co	COUNTY	STATE
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Meris Mandary</i> Coroner	22b. ADDRESS Wentzville, MO	22c. DATE SIGNED August 12, 1960
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/12/1960	23c. NAME OF CEMETERY OR CREMATORY Linn Cemetery	23d. LOCATION (City, town, or county) (State) Wentzville, Missouri
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24. FUNERAL DIRECTOR T.J. Pitman, Wentzville, Mo.	ADDRESS 911 Pitman	25. DATE RECD. BY LOCAL REG. Aug 12 1960	26. REGISTRAR'S SIGNATURE <i>Mark F. J...</i>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION BY AFFIDAVIT OF

AUG 22 1960

SEP 21 1960

APR 27 1961

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 Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

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.