RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-038822

STATE FILE NUMBER

FILED VS NOV 3 1960

Registration District No. 160 Primary Registration District No. 589V Registrar's No. 141

DED

1. PLACE OF DEATH
a. COUNTY Jefferson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Joachim Twp.
Length of stay in Ib life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hematite
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jefferson
c. CITY OR TOWN Rural Joachim Twp.
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) Hematite
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Frank Middle Nelson Last Thuesen

4. DATE OF DEATH Month Oct. Day 27, Year 1960

5. SEX M
6. COLOR OR RACE W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/9/1892
9. AGE (last birthday) 67
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glassworker(Ret)
10b. KIND OF BUSINESS OR INDUSTRY Plate Glass
11. BIRTHPLACE (City and state or country) Hematite, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Nelson Thuesen
13b. MOTHER'S MAIDEN NAME Sarah McKee
14. NAME OF HUSBAND OR WIFE Minnie Lee Thuesen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) -------
16. SOCIAL SECURITY NO. 489-28-4842
17. INFORMANT Nelson Thuesen Address 311 Bailey Rd, Crystal City

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH About 8 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (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. ☐ Yes ☐ No ☐ Unknown

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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ 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 8-30-46 to 10-28-60 and last saw him alive on 9-27-1960
Death occurred at 1:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. P. Donnell (Degree or title) M.D.
22b. ADDRESS 112 Mississippi Ave. Crystal City, Mo.
22c. DATE SIGNED 10-28-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/29/1960
23c. NAME OF CEMETERY OR CREMATORY Methodist Cemetery
23d. LOCATION (City, town, or county) (State) Hematite, Mo.

24. FUNERAL DIRECTOR ADDRESS Vinyard Funeral Home, Festus, Mo.
25. DATE RECD. BY LOCAL REG. 10-28-60
26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 3 1960

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Keith B. Vinyar

Licensed Embalmer No. 4976

P. O. Address Festus,

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