

FILED DEC 3 1949

STANDARD CERTIFICATE OF DEATH

State File No. 370412

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BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 0		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette 15	
c. LENGTH OF STAY (in this place) 20 hrs		d. STREET ADDRESS (If rural, give location) S. Linn St. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Joanne b. (Middle) Inglemeyer c. (Last) Theobald			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20 1949
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH August 30 1934
9. AGE (In years last birthday) 15		IF UNDER 1 YEAR (Month) (Day) 2 20	IF UNDER 1 WEEK (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work constituting most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pilot Grove, Mo 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Fred Theobald		13b. MOTHER'S MAIDEN NAME Helen Hoopes	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Fred Theobald ADDRESS Fayette, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Compound Fracture of shaft of Tibia & Fibula		INTERVAL BETWEEN ONSET AND DEATH 1 day	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. (CITY, TOWN, OR TOWNSHIP) Fayette (COUNTY) Howard (STATE) Mo	21c. HOW DID INJURY OCCUR? Automobile Accident - Rev. 45	
21d. TIME OF INJURY (Month) (Day) (Year) Nov. 20 1949	WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
22. I hereby certify that I attended the deceased from 11-20 1949 , to 11-20 1949 , that I last saw the deceased alive on 11-20 1949 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above. (Rev. 11-1-49)			
23a. SIGNATURE W. Bloom (Degree or title) 0 M.D.		23b. ADDRESS Fayette Mo	23c. DATE SIGNED 11-23-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11/23/49	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo
DATE REC'D BY LOCAL REG. 11-23-49	REGISTRAR'S SIGNATURE Mary H. Shell	25. FUNERAL DIRECTOR'S SIGNATURE Walsh A. Carr ADDRESS Fayette, Mo	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 25
District Health Officer No. 8,

District File Number _____
Date Filed 12-2-49

DEC 20 1949

STATEMENT BY LICENSED EMBALMER

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

Student Embalmer No. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette Mo.

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 this body is not embalmed, fact should be so stated above.