

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 25 1950

37611

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>5642</u>		Registrar's No. <u>86</u>								
1. PLACE OF DEATH a. COUNTY <u>Lafayette,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Alma Middleton</u>		c. LENGTH OF STAY (In this place) <u>80 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Alma Middleton</u>		10540								
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Herman</u>			b. (Middle) <u>Victor</u>			c. (Last) <u>Tieman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 13 1950</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3/22/1868</u>		9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>		IF UNDER 12 HRS. Hours <u> </u> Min. <u> </u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (State or foreign country) <u>Bluffs, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Victor Tieman</u>				13b. MOTHER'S MAIDEN NAME <u>Mary Russwinkle</u>				14. NAME OF HUSBAND OR WIFE <u>Flora Schmidt,</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>			16. SOCIAL SECURITY NO. <u>None-e</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Miss Tieman</u> ADDRESS <u>Alma, Mo.</u>								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage cerebral</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 Hours</u> ANTECEDENT CAUSES <u>Pneumonia Lobar</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>								INTERVAL BETWEEN ONSET AND DEATH <u>35 days</u>		
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) _____			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____								
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____										
22. I hereby certify that I attended the deceased from <u>10-8</u> , 19 <u>50</u> , to <u>11-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>50</u> , and that death occurred at <u>11 a.</u> m., from the causes and on the date stated above.														
23a. SIGNATURE <u>Geo A Kelling M.D.</u> (Degree or title)						23b. ADDRESS <u>Waverly, Mo</u>			23c. DATE SIGNED <u>11-15-50</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-16-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran</u>				24d. LOCATION (City, town, or county) (State) <u>Lafayette, Alma, Missouri</u>						
DATE REC'D BY LOCAL REG. <u>11-15-1950</u>		REGISTRAR'S SIGNATURE <u>Clayton W. ...</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred A. ...</u> ADDRESS <u>Alma, Mo.</u>								

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11-24-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-24-50

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Alfred H. Brewer

Signed _____
Student Embalmer

Licensed Embalmer No. 7696

P. O. Address Alma, W.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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