

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1694

FILED JAN 24 1951

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY LAFAYETTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL DAVIS TWP		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CONCORDIA 0540	
c. LENGTH OF STAY (In this place) 4 HOURS		d. STREET ADDRESS (If rural, give location) 801 St. Louis St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 1/2 MI NORTH E. OF CONCOR. MO.			
3. NAME OF DECEASED a. (First) WALTER b. (Middle) A. c. (Last) THIEMAN			4. DATE OF DEATH JAN 15 1951
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH APRIL 5, 1890
9. AGE (In years last birthday) 60		10. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) CONCORDIA MO
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME AUGUST THIEMAN		13b. MOTHER'S MAIDEN NAME MARY JOHNSON	
14. NAME OF HUSBAND OR WIFE MRS ROSELLA THIEMAN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME OMAK J. THIEMAN		ADDRESS HILDENSTINE, MO	
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) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Died within few minutes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Peride his car in a farm yard. 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 no operation	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE NO (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 death, 19 to 1-15, 1951, that I last saw the deceased alive on _____, 19, and that death occurred at 2:30 PM from the causes and on the date stated above.			
23a. SIGNATURE OMAK J. THIEMAN (Degree or title)		23b. ADDRESS Concordia Mo	
23c. DATE SIGNED 1-15-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN 18, 1951	
24c. NAME OF CEMETERY OR CREMATORY METHODIST CEMETERY		24d. LOCATION (City, town, or county) (State) CONCORDIA MO	
DATE REC'D BY LOCAL REG. Jan 18-1951		REGISTRAR'S SIGNATURE Clayton K. Landrum 154	
25. FUNERAL DIRECTOR'S SIGNATURE E. S. James		ADDRESS Concordia, Mo.	

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

0540
3

RECEIVED 1-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-23-51

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed E. S. James

Signed _____
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.