S. No. 300
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FILED NOV 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32453

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfax
c. LENGTH OF STAY (In this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fairfax Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corning 0443
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Lillie b. (Middle) Jane c. (Last) Thieman

4. DATE OF DEATH (Month) (Day) (Year): Oct. 30, 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Dec. 16, 1867
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months Days | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: In the home
11. BIRTHPLACE (State or foreign country): Council Bluffs, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: John Buckminister
13b. MOTHER'S MAIDEN NAME: Mary Ann Stageman
14. NAME OF HUSBAND OR WIFE: Fredrick Thieman

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Loren Thieman ADDRESS: Corning, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, terminal — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene of left leg — 72 hrs
DUE TO (c) Fracture of right hip — 1.5 days

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 ☐ NO ☒

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) 044 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 19, 1951, *to* Oct. 30, 1951, *that I last saw the deceased alive on* Oct. 30, 1951, *and that death occurred at* 2:150 m., *from the causes and on the date stated above.*

23a. SIGNATURE: James L. Coffey, M.D. (Degree or title)
23b. ADDRESS: Fairfax, Mo.
23c. DATE SIGNED: 10/31/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried & removed
24b. DATE: 11/1/51
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope
24d. LOCATION (City, town, or county) (State): Corning, Mo.

DATE REC'D BY LOCAL REG.: Oct 31, 1951
REGISTRAR'S SIGNATURE: Thurwin D. Schaller 443
25. FUNERAL DIRECTOR'S SIGNATURE: Wilber L. Schooler ADDRESS: Craig, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 19 1951

RECEIVED NOV 7 1951 DISTRICT HEALTH OFFICE CAMERON, MO.

RECEIVED NOV 1951 DISTRICT HEALTH OFFICE CAMERON, MO.

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 Myself Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Wilber L. Schooler

Licensed Embalmer No. 3997

P. O. Address Craig, 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.