

FILED JAN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 685

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>	
c. LENGTH OF STAY (In this place) <u>81</u>		d. STREET ADDRESS (If rural, give location) <u>114-W-McCarty</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114-W-McCarty</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>T</u> c. (Last) <u>Tihen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Oct 24 1870</u>		9. AGE (In years last birthday) <u>81</u>		10. MONTHS <u>2</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Jefferson City, Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Reinhardt Bronnison</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Meyer</u>		14. NAME OF HUSBAND OR WIFE <u>John F. Tihen (Dec)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Libby Tihen McCarty</u>	
				17. ADDRESS <u>114</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Cerebral Embolism</u>			<u>3 months</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Summized Arteriosclerosis</u>				
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS		<u>Rheumatoid Arthritis</u>			<u>15 years</u>	
Conditions contributing to the death but not related to the disease or condition causing death.						

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			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) (Minute)		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 Jan 18, 1950 to Jan 15, 1952, that I last saw the deceased alive on Jan 18, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John W. McHenry MD</u>		23b. ADDRESS <u>Jefferson City, MO</u>		23c. DATE SIGNED <u>1/18/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>ST 113</u>		24b. DATE <u>1/20/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters</u>	
24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas Lemoine - 700 Jeff</u>			
DATE REC'D BY LOCAL REG. <u>Jan 24-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Dorris, MD - MR</u>		ADDRESS	

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

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RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed _____

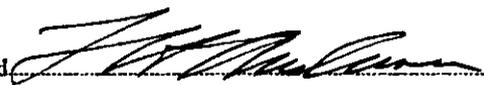
STATEMENT BY LICENSED EMBALMER

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.

Student
Student Embalmer

Signed  _____

Licensed Embalmer No. 2641

P. O. Address 7mo.

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.