

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3582

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 2072 Registrar's No. 21

972

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

1. PLACE OF DEATH a. COUNTY <i>Saline</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Saline</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Marshall</i>		c. CITY (If outside corporate limits, write RURAL and give township), OR TOWN <i>Clay Township</i>	
c. LENGTH OF STAY (in this place) <i>34 days</i>		d. STREET ADDRESS <i>15 miles south East Saline Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Fitzgibbon Hospital</i>			
3. NAME OF DECEASED a. (First) <i>LYDIA</i>		b. (Middle) <i>FREDERICKA</i>	
c. (Last) <i>TIEMEYER</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Jan-24-1952</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>March-3-1870</i>
9. AGE (in years last birthday) <i>81-10-21</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Work</i>	
11. BIRTHPLACE (State or foreign country) <i>in the Home Aremville, Ill</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13a. FATHER'S NAME <i>Henry Tiemeyer</i>		13b. MOTHER'S MAIDEN NAME <i>Anna Decker</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs Anna Tiemeyer</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Nephritis - c. Uremia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Paralysis from waist down 40 years</i>	
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? <i>446X</i>		22. I hereby certify that I attended the deceased from <i>May 1938</i> to <i>Jan. 24, 1952</i> that I last saw the deceased alive on <i>1-24-52</i> , 1952, and that death occurred at <i>9:30 p.m.</i> , from the causes and on the date stated above.	
23a. SIGNATURE <i>O. A. McBurney M.D.</i>		23b. ADDRESS <i>Slater Mo.</i>	
23c. DATE SIGNED <i>1/29/52</i>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <i>1-26-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bennan Lutheran</i>	
24d. LOCATION (City, town, or county) (State) <i>15 miles south East Slater Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Jones</i>	
DATE REC'D BY LOCAL REG. <i>Jan 25-1952</i>		REGISTRAR'S SIGNATURE <i>Sidney J. Gray</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Jones</i>		ADDRESS <i>Slater Mo</i>	

RECEIVED JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952



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 *James E. Jones*
Licensed Embalmer No. *3143*
P. O. Address *States M*

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.