

FILED MAR 24 1952

STANDARD CERTIFICATE OF DEATH

State File No. **7489**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **5134** Registrar's No. **296**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washington Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural: Washing Twp.	
c. LENGTH OF STAY (In this place) life		d. STREET ADDRESS (If rural, give location) 1 mile south of St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mile south of St. Joseph		d. STREET ADDRESS (If rural, give location) 1 mile south of St. Joseph	

3. NAME OF DECEASED (Type or Print) a. (First) Arnd b. (Middle) William c. (Last) Thedinga			4. DATE OF DEATH (Month) (Day) (Year) March 14, 1952		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 29, 1886	9. AGE (In years last birthday) 65	IF UNDER 14 YEARS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Henry Thedinga		13b. MOTHER'S MAIDEN NAME Mary Siefert		14. NAME OF HUSBAND OR WIFE Elizzie Thedinga	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-36-2328		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizzie Thedinga, R.R. #5, St. Joseph, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 mos
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurysm of Aorta		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senile Arteriosclerosis DUE TO (c) Hypertension		
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 451X		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 **3/1, 1952**, to **3/14, 1952**, that I last saw the deceased alive on **3/14, 1952**, and that death occurred at **1:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Leo C. Benson M.D.		23b. ADDRESS 202 Phys. & Surg Bldg		23c. DATE SIGNED 3/14/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3/18/1952		24c. NAME OF CEMETERY OR CREMATORY Ashland Mausoleum	
24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl C. Castel 446 Weston-Brown Funeral Home St. Joseph, Mo.			

DATE REC'D BY LOCAL REG. **March 18, 1952**

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

SEP 1 1960

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address St. Joseph, 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.