

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12750**  
0451  
Registrar's No. **41**

ED APR 29 1952

0451

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

BIRTH NO.		REG. DIST. NO. <b>140</b>	PRIMARY REG. DIST. NO. <b>2024</b>	
1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>		c. LENGTH OF STAY (in this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Armstrong, Twp</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lee Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>5 miles northwest of Armstrong</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Phillip</b> b. (Middle) <b>Gustave</b> c. (Last) <b>Thierfelder</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Apr. 22, 1952</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Dec. 1, 1891</b>	9. AGE (In years last birthday) <b>60</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Gustave Thierfelder</b>		13b. MOTHER'S M maiden name <b>Louise Altner</b>		14. NAME OF HUSBAND OR WIFE <b>Lorene Herman (Div.)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W.W.I.</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. Gustave Thierfelder, Armstrong</b>	
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) <b>Cerebral thrombosis &amp; rt hemiplegia</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <b>7 days.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332-X</b>		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) (Min.)		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 <b>April 15, 1952</b> , to <b>April 22, 1952</b> , that I last saw the deceased alive on <b>April 22, 1952</b> , and that death occurred at <b>6:00 A.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>W. Keck, M.D.</b>		23b. ADDRESS <b>Fayette MO</b>		23c. DATE SIGNED <b>4/24/52</b>
24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <b>Apr. 24, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Ridge</b>	24d. LOCATION (City, town, or county) (State) <b>Armstrong MO</b>	
DATE REC'D BY LOCAL REG. <b>4-24-52</b>	REGISTRAR'S SIGNATURE <b>Mary K. Shell</b>	FUNERAL DIRECTOR'S SIGNATURE <b>Audley - Truimouth</b>		ADDRESS <b>Glasgow MO</b>

(Licensed Embalmer's Statement on Reverse Side)

2511 66-100

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*E. J. Greenmouth*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.