

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. 9717

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 67

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Randolph</u>	b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Randolph</u>
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 Myra Street</u>		d. STREET ADDRESS (If rural, give location) <u>801 Myra Street</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Charles</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Thivel</u>	(Month) <u>3</u>	(Day) <u>20</u>	(Year) <u>54</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>4/12/1885</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pool room employee</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Paris, France</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>Charles Thivel</u>	13b. MOTHER'S MAIDEN NAME <u>Leona Courty</u>	14. NAME OF HUSBAND OR WIFE <u>Isadore Vanderbeck</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Isadore Vanderbeck</u>	ADDRESS <u>Moberly</u>
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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 <u>unknown</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive heart disease (probable)</u>		
	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. _____			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Guy A. Jolly, M.D., Coroner</u>	(Degree or title) <u>3</u>	23b. ADDRESS <u>Moberly, Randolph Co., Mo.</u>	23c. DATE SIGNED <u>3/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/22/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Huntsville</u>	24d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-22-54</u>	REGISTRAR'S SIGNATURE <u>Seal Breckenridge</u>	EMERALD DIRECTOR'S SIGNATURE <u>Marion E. Williams</u>	ADDRESS <u>Moberly, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MAR 30 1933

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 *Marion E. Millison*

Licensed Embalmer No. 3957

P. O. Address Moberly, Missouri

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.