

FILED MAY 21 1956

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 279

1. PLACE OF DEATH  
 a. COUNTY Cape Girardeau  
 b. CITY OR TOWN Cape Girardeau  
 c. LENGTH OF STAY (in this place) 3 days  
 d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp't

2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission)  
 a. STATE Missouri b. COUNTY Ballinger  
 c. CITY OR TOWN Sedgewickville  
 d. Residence within limits of a city or incorporated town? Yes  No   
 e. STREET ADDRESS (If rural, give location) \_\_\_\_\_

3. NAME OF DECEASED  
 a. (First) Eli b. (Middle) \_\_\_\_\_ c. (Last) THIELE

4. DATE OF DEATH (Month) (Day) (Year)  
May 10, 1956

5. SEX Male  
 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
married

8. DATE OF BIRTH  
June 17, 1879

9. AGE (In years last birthday) if under 1 year of months if under 12 months if under 12 hours  
76

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Farming

10b. KIND OF BUSINESS OR INDUSTRY  
General Farming

11. BIRTHPLACE (City and State or Foreign Country)  
Sedgewickville Mo.

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Frederick Thiele

13b. MOTHER'S MARDEN NAME  
Adeline Hobbs

14. NAME OF HUSBAND OR WIFE  
Rada Statter Thiele

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)  
no

16. SOCIAL SECURITY NO.  
none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Hubert Thiele Sedgewickville Mo.

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) Pylephlebitis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) Embrioin  
 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  
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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)  
582x

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from May 6, 1956, to May 10, 1956, that I last saw the deceased alive on May 10, 1956 and that death occurred at 11:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
D. N. Jaeger MD

23b. ADDRESS  
Jackson, Mo.

23c. DATE SIGNED  
May 12, 1956

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
May 14, 1956

24c. NAME OF CEMETERY OR CREMATORY  
Sedgewickville

24d. LOCATION (City, town, or county) (State)  
Sedgewickville Mo.

DATE REC'D BY LOCAL REG.  
5-17-56

REGISTRAR'S SIGNATURE  
W. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Miller Jackson Mo

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

MAR 20 1957

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..... Signature of Student Embalmer

Signed *Frank C. Crump*.....

Licensed Embalmer No. 43.....

P. O. Address *Jackson*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.