

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH5216 36917
STATE FILE NUMBER

Registration District No. 2 Primary Registration District No. 2005 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Andrew			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Wagon</i> Wagon Township			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Cosby		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R#1. Cosby, Mo.			Length of stay in lb Lifetime		d. STREET ADDRESS R #1.		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Henry August Theis				4. DATE OF DEATH Month Day Year November 30, 1956.			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 1874		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Gen. Farming	11. BIRTHPLACE (City and state or country) Andrew County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Henry Theis				14. MOTHER'S MAIDEN NAME Minnie Vogel			
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. none		17. INFORMANT Address Mr. Ben Theis R#1. Cosby, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>							INTERVAL BETWEEN ONSET AND DEATH <i>30s</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____			DUE TO (c) _____			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						
19. WAS AUTOPSY PERFORMED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							331X
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>11-27-55</i> to <i>11-30-56</i> and last saw <i>him</i> alive on <i>11-30-56</i> Death occurred at <i>7:30 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>E. J. Dwyer, Del.</i>				22b. ADDRESS <i>Stewartsville, Mo</i>		22c. DATE SIGNED <i>12-4-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE December 2, 1956	23c. NAME OF CEMETERY OR CREMATORY E. U. B. Cemetery		23d. LOCATION (City, town, or county) R#1 Cosby		(State) Andrew Co., Missouri.
24. FUNERAL DIRECTOR ADDRESS Meierhoffer-Fleeman, Inc. St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. <i>12-4-56</i>		26. REGISTRAR'S SIGNATURE <i>Kellean Sparks</i>	

(Licensed Embalmer's Statement on Reverse Side)

100
-56

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

VS
SEP 6
1930

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Albert P. Ferring*

Licensed Embalmer No..... 32

P. O. Address... St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.