Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 36933

FILED DEC 11 1956

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 114

1. PLACE OF DEATH
a. COUNTY Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax Mo — Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fairfax Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Atchison
c. CITY OR TOWN Fairfax Mo — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Mary Middle Ann Last Thiemann
4. DATE OF DEATH Month Nov. Day 30 Year 1956
5. SEX F
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ✓ DIVORCED ☐
8. DATE OF BIRTH Jan 12 1873
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months 10 Days 18 — IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Atchison Co
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Alexander Newton Ely
14. MOTHER'S MAIDEN NAME Sarah Margaret Holliway
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Lee E. Thiemann Address 1133 S. Yale Wichita Kansas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Leukemia, aleukemic, acute — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 204.3
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Anterior sclerosis Generalized
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 1956 to November 30, 1956 and last saw her alive on November 30, 1956
Death occurred at 2:00 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward S. Bure (Degree or title) MD
22b. ADDRESS Tarkio, Mo
22c. DATE SIGNED 12/3/56

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE Dec. 3 1956
23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge
23d. LOCATION (City, town, or county) Fairfax (State) Mo

24. FUNERAL DIRECTOR Bertram Funeral Home ADDRESS Rock-Port Mo
25. DATE RECD. BY LOCAL REG. Dec 8 1956
26. REGISTRAR'S SIGNATURE Theron W. Schuler

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 13 1958

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 C. E. Bertram

Licensed Embalmer No. 17

P. O. Address Rock Po

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.