

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028490
STATE FILE NUMBER

FILED AUG 18 1958

Registration District No. 56 Primary Registration District No. 4080 Registrar's No. 14

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Carroll		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Norborne		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 East Wood		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 110 East Wood St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Simeon ----- Thoeni Jr.			4. DATE OF DEATH Month Day Year August 12 1958		
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 March 7, 1894	9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and state or country) Norborne, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Simeon Thoeni		13b. MOTHER'S MAIDEN NAME Rose Zweifel		14. NAME OF HUSBAND OR WIFE Ella Freida Thoeni	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes 1917-1919		16. SOCIAL SECURITY NO. 500-28-1656	17. INFORMANT Address Mrs. Simeon Thoeni, Norborne, 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) Cancer of the Stomach and Intestines					INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____
DUE TO (c) _____					1992
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"/>
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 12-30-57 , to 8-12-58 and last saw him alive on 8-11-58 Death occurred at 12:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Joseph H. Kocell MD		22b. ADDRESS Norborne, Mo.		22c. DATE SIGNED 8-13-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/14/1958	23c. NAME OF CEMETERY OR CREMATORY Fairhaven Cemetery		23d. LOCATION (City, town, or county) (State) Norborne Mo
24. FUNERAL DIRECTOR Deitch Funeral Home		ADDRESS Norborne, Mo.		25. DATE RECD. BY LOCAL REG. Aug. 13, 1958	26. REGISTRAR'S SIGNATURE Eileen Pennington

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Ben W. Gibson*

Licensed Embalmer No. *2961*
P. O. Address *Carrollton*

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.