

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008776

STATE FILE NUMBER

FILED APR 15 1959

Registration District No. 72

Primary Registration District No. 4134

Registrar's No. 60

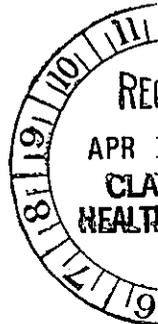
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1-57

1. PLACE OF DEATH a. COUNTY <i>Clay</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Platte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Smithville</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>East Leavenworth</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>community hospital</i>		Length of stay in lb <i>4 wks</i>	d. STREET ADDRESS (If outside, give location) <i>RFD 1 -</i>
3. NAME OF DECEASED (Type or print) First <i>LULU</i> Middle <i>JANE</i> Last <i>THIES</i>			4. DATE OF DEATH Month <i>April</i> Day <i>4</i> Year <i>1959</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug 31 - 1876</i>
9. AGE (In years last birthday) <i>82</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>	11. BIRTHPLACE (City and state or country) <i>Farley Mo</i>
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>Christopher Peters</i>	
14. MOTHER'S MAIDEN NAME <i>Francis Comstock</i>		15. NAME OF HUSBAND OR WIFE <i>Wm Thies, deceased</i>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give dates of service) <i>no</i>		17. SOCIAL SECURITY NO. <i>none</i>	
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>CARCINOMATOSIS</i> DUE TO (b) <i>CARCINOMA Colon</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <i>3 mo.</i> <i>1 yr.</i>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>no</i>		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 _____ a.m. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT <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 <i>Farley</i>		COUNTY <i>Mo</i> STATE _____	
21. I attended the deceased from <i>1956</i> to <i>April 4, 1959</i> and last saw her alive on <i>April 4, 1959</i> Death occurred at <i>8 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>David R. Giles M.D.</i>		22b. ADDRESS <i>Smithville, Mo</i>	
22c. DATE SIGNED <i>4-4-59</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>April 10-59</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Green</i>	
23d. LOCATION (City, town, or county) <i>Farley</i>		(State) <i>Mo</i>	
24. FUNERAL DIRECTOR <i>Edward H. Francis</i>		ADDRESS <i>Farley</i>	
25. DATE RECD. BY LOCAL REG. <i>4-4-59</i>		26. REGISTRAR'S SIGNATURE <i>Wick Lumphreys, Reg.</i>	

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION



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 Haddon C. Francis, Student Embalmer No. 570
working under my personal supervision.

Student Haddon C. Francis
Signature of Student Embalmer

Signed Haddon C. Francis
401 Main St
Licensed Embalmer No. 3451
P. O. Address Parkville Mo

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.