

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018885  
STATE NUMBER

FILED MAY 19 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 184

1. PLACE OF DEATH a. COUNTY <b>St Francois</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE <b>MO</b> b. COUNTY <b>St Francois</b>	
b. CITY OR TOWN <b>Farmington - RURAL</b> (If outside corporate limits, for FRANKCOIST include Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Bonne Terre</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thomas Dell Memorial Home</b>		Length of stay in 1b ADDRESS <b>0947 STREET 216 Louise</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>* ANNA C. TENHOLDER *</b>			4. DATE OF DEATH Month Day Year <b>May 5, 1959</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 21, 1883</b>	9. AGE (In years <sup>at birthday</sup> ) <b>75</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>14</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (City and state or country) <b>Weldon Springs, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>	

13a. FATHER'S NAME <b>John Roth</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Kapeller</b>		14. NAME OF HUSBAND OR WIFE <b>Theodore D. Tenholder</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>***</b>		17. INFORMANT Address <b>Theodore D. Tenholder Bonne Terre Mo</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis - left hemisphere one yr.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>332X</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b>			
DUE TO (c) <b>Severe Hematuria due to unknown cause</b>			
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 <b>Apr 19 59</b> to <b>May 4, 1959</b> and last saw her alive on <b>May 4, 1959</b> Death occurred at <b>8:40 p</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>R.A. Huckstep M.D.</b>			22b. ADDRESS <b>Farmington, Mo</b>		22c. DATE SIGNED <b>5/9/59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 9, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St Joseph's Catholic</b>	23d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Mo.</b>	
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24. FUNERAL DIRECTOR ADDRESS <b>C.Z. BOYER &amp; SON INC. Bonne Terre</b>		25. DATE RECD. BY LOCAL REG. <b>May 9, 1959</b>	26. REGISTRAR'S SIGNATURE <b>Ethel Rudloff</b>	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *B. T. Boyer* .....  
B. T. Boyer

Licensed Embalmer No. 3660  
P. O. Address Desloge, 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.