

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022046

STATE FILE NUMBER

Registration District No. 172 Primary Registration District No. 4273 Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH**  
a. COUNTY LAFAYETTE  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CONCORDIA Inside Limits Yes  No   
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1001 St. Louis Length of stay in 1b 88 YRS

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY LAFAYETTE  
c. CITY OR TOWN CONCORDIA Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 1001 St. Louis Reside on Form Yes  No

**3. NAME OF DECEASED** (Type or print) First LENA Middle EVERT Last TIEMAN  
**4. DATE OF DEATH** Month JUNE Day 17 Year 1959

**5. SEX** FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED**  NEVER MARRIED  **8. DATE OF BIRTH** OCT 16, 1870 **9. AGE** (In years last birthday) 88 **10. FUNDER 1 YEAR** Months \_\_\_\_\_ Days \_\_\_\_\_ **11. IF UNDER 24 HRS.** Hours \_\_\_\_\_ Min. \_\_\_\_\_

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) RETIRED HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY** HOME **11. BIRTHPLACE** (City and state or country) CONCORDIA MO **12. CITIZEN OF WHAT COUNTRY?** U.S.A

**13a. FATHER'S NAME** LOUIS EVERT **13b. MOTHER'S MAIDEN NAME** ALBERTINE EHLERS **14. NAME OF HUSBAND OR WIFE** MARTIN TIEMAN DECEASED

**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.** NO **17. INFORMANT** MRS LEONARD HAMPT Address CONCORDIA 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) CEREBRAL ACCIDENT INTERVAL BETWEEN ONSET AND DEATH 10 Days  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) HYPERTENSIVE CARDIO-VASCULAR DISEASE Several yrs  
DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 443X **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. \_\_\_\_\_

**20d. INJURY OCCURRED WHILE AT**  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** March 8, 1954 to June 17, 1959 and last saw her alive on June 7, 1959  
Death occurred at 11/30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** [Signature] (Degree or title) MD **22b. ADDRESS** Concordia, Mo **22c. DATE SIGNED** 6/18/59

**23a. BURIAL, CREMATION, REMOVAL** (Specify) BURIAL **23b. DATE** 6/19/59 **23c. NAME OF CEMETERY OR CREMATORY** BETHEL CEMETERY **23d. LOCATION** (City, town, or county) CONCORDIA (State) MO

**24. FUNERAL DIRECTOR** E. S. James ADDRESS Concordia Mo **25. DATE RECD. BY LOCAL REG.** June 19 59 **26. REGISTRAR'S SIGNATURE** Lute Jordan

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

S. 300  
y. 1-57

55-6

FILED JUN 24 1959

6981 8 DAY

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 me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed E. S. James .....

Licensed Embalmer No. 2058 .....

P. O. Address Concordia 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.