

**FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-005616**

**FILED VS FEB 24 1960**

77

Primary Registration District No. 3016

Registrar's No. 68

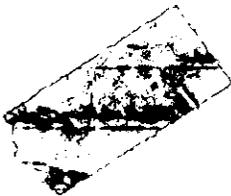
STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>COLE</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON CITY</b>			Length of stay in lb <b>5 hrs</b>		c. CITY OR TOWN <b>CHAMOIS</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chas. E. Still Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>—</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ADOLPH</b> Middle <b>HENRY</b> Last <b>TIEMAN</b>				4. DATE OF DEATH Month <b>February</b> Day <b>19</b> Year <b>1960</b>			
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/25/1909</b>	9. AGE (last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>24</b> Hours <b>—</b> Min. <b>—</b>		IF UNDER 24 HR Hours <b>—</b> Min. <b>—</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farmer</b>		11. BIRTHPLACE (City and state or country) <b>Union Mo</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Henry Tieman</b>			13b. MOTHER'S MAIDEN NAME <b>Edna Robinson</b>			14. NAME OF HUSBAND OR WIFE <b>Evelyn E(Nichols)Tieman</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>496-28-6822</b>		17. INFORMANT <b>Mrs Adolph Tieman Chamois, Mo</b> Address			
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>Pulmonary Embolism</b> DUE TO (b) <b>Arteriosclerotic heart disease advanced</b> DUE TO (c) <b>Coronary &amp; Mitral disease &amp; congestive failure</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <b>—</b> a.m. <b>—</b> p.m.	Month, Day, Year						
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>2-9-60</b> to <b>2-19-60</b> and last saw <sup>her</sup> him alive on <b>2-19-60</b> Death occurred at <b>7:40 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>Howard W. Belloni D.O.</b>				22b. ADDRESS <b>Linn Mo.</b>			22c. DATE SIGNED <b>2-19-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>2/21/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Deer Creek cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Deer Creek Mo</b>			
24. FUNERAL DIRECTOR <b>Clyde Morton</b> ADDRESS			25. DATE RECD. BY LOCAL REG. <b>20 February 1960</b>		26. REGISTRAR'S SIGNATURE <b>R.P. Davis Md. Richter Dep.</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



STATEMENT BY LICENSED EMBALMER

FEB 20

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Moxton

Licensed Embalmer No. 412

P. O. Address Lincoln

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.