

FILED JAN 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2900		Registrar's No. .... 4		
1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>55 Yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		0396		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. John Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>1118 N. Campbell</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b> b. (Middle) <b>A.</b> c. (Last) <b>Thiel</b>			4. DATE OF DEATH <b>Jan. 2, 1952</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Jan. 21 1875</b>		9. AGE (In years last birthday) <b>76</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (State or foreign country) <b>Iacona, Iowa</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Joseph Zimmerman</b>		13b. MOTHER'S MAIDEN NAME <b>Miller</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Louis Thiel</b> ADDRESS <b>Springfield, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary thrombosis</b> DUE TO (c) <b>Generalized arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>4-5 days</b> " <b>years</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <b>1-2-52</b> , 19 <b>52</b> , to <b>1-2</b> , 19 <b>52</b> , that I last saw the deceased alive on <b>1-2</b> , 19 <b>52</b> , and that death occurred at <b>9:30p.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>James C. Marshall, M.D.</b> (Degree or title)		23b. ADDRESS <b>Professional Bldg.</b>		23c. DATE SIGNED <b>1-3-52</b>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/5/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Mary Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>1-9-52</b>		REGISTRAR'S SIGNATURE <b>James H. Amos, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.H. Lohmeyer</b> ADDRESS <b>Springfield, Mo.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 1 1932

**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 .....  
Student Embalmer

Signed *Walter E. Hamillen*

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.