

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022281  
STATE FILE NUMBER

FILED JUN 23 1958 Registration District No. 21 156-24 Primary Registration District No. 2001 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Joplin</b>		c. CITY OR TOWN <b>Joplin</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Johns</b>		Length of stay in lb <b>8 Years</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Catherine - THOELE</b>		4. DATE OF DEATH Month Day Year <b>June 1, 1958</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 type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 18, 1917</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Secretary</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Empire Distric</b>	9. AGE (In years last birthday) <b>40</b>
11. BIRTHPLACE (City and state or country) <b>Okmulgee, Oklahoma</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Bergquist</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth McMann</b>	14. NAME OF HUSBAND OR WIFE <b>Joe</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>446-09-5544</b>	17. INFORMANT Address <b>Mr. Joe Thoele 1110 W. 6th St.</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>Massive Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Aneurysm, Cerebral, Multiple</b> DUE TO (c) <b>330X</b> 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 <b>3 hours</b> <b>2</b>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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 <b>Joplin MO</b>		20g. COUNTY STATE	
21. I attended the deceased from <b>5-9-58</b> to <b>6-1-58</b> and last saw her/him alive on <b>6-1-58</b> Death occurred at <b>8:10 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>S.D. Schaefer MD</b>		22b. ADDRESS <b>Joplin MO</b>	
22c. DATE SIGNED <b>6-4-58</b>		22d. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem.</b>	
22e. LOCATION (City, town, or county) (State) <b>Webb City, Missouri</b>		22f. DATE RECD. BY LOCAL REG. <b>6-11-1958</b>	
22g. REGISTRAR'S SIGNATURE <b>Dove Merriam</b>		22h. FUNERAL DIRECTOR <b>Thornhill-Dillon</b>	
22i. ADDRESS <b>Joplin, Missouri</b>		22j. DATE RECD. BY LOCAL REG. <b>6-11-1958</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

SEP 4 1958

County File Number  
Date Filed JUN 18 1958

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 *W.E. Heddleton* .....

Licensed Embalmer No. *4770*  
P. O. Address *Joplin 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.