

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-014028

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1692

STATE FILE NUMBER

AMENDED

FILED APR 26 1961

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Length of stay in lb **40 years**
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Mary's Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY OR TOWN **Kansas City** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **101 East 39th Street** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year
WARNER W THIEMAN **April 4 1961**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **10/22/86** 9. AGE (last birthday) **74** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

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

13a. FATHER'S NAME **Henry W. Thieman** 13b. MOTHER'S MAIDEN NAME **Mary Rehlcop** 14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War I** 16. SOCIAL SECURITY NO. 17. INFORMANT **822 North Summit Street E.H.Thieman, Wheaton, Illinois**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Coronary Occlusion**
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Hypertension**
 DUE TO (c)
 INTERVAL BETWEEN ONSET AND DEATH **2 days**
years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Diabetes Mellitus** PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK 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 **Jan 1960** to **present** and last saw her him alive on **April 3rd 1961**
 Death occurred at **6⁰⁰ A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **John S. Myers** (Degree or title) **M.D.** 22b. ADDRESS **915 Schubert Bldg., K.C., Mo** 22c. DATE SIGNED **4-5-61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Apr. 7, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Concordia Cemetery** 23d. LOCATION (City, town, or county) (State) **Concordia Missouri**

24. FUNERAL DIRECTOR **1331 Brush Creek Blvd. D.W. Newcomer's Sons, Kansas City, Mo** 25. DATE RECD. BY LOCAL REG. **4-5-61** 26. REGISTRAR'S SIGNATURE **Ruth Long**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

John S. Myers

APR 26 1961

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 Harold S. Reich

Licensed Embalmer No. 4998
P. O. Address Kansas City

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.