

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037551

STATE FILE NUMBER

Registration District No. 171 Primary Registration District No. 4267 Registrar's No. 33

FILED OCT 25 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Lafayette</u>		a. STATE <u>Mo.</u>	b. COUNTY <u>Lafayette</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Odessa</u>	Length of stay in lb <u>54 yrs.</u>	c. CITY OR TOWN <u>Odessa</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First <u>John</u>	Middle <u>Henry</u>	Last <u>Thieman</u>	4. DATE OF DEATH	Month <u>October</u>	Day <u>16</u>	Year <u>1961</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-17-83</u>	9. AGE (last birthday) <u>78</u>	IF UNDER 1 YEAR	IF UNDER 24 HR
				Months	Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hardware, Plumbing</u>	11. BIRTHPLACE (City and state or country) <u>Leeton, Mo.</u>	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME <u>Louis F. Thieman</u>	13b. MOTHER'S MAIDEN NAME <u>Emily Meyers</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Myrtle Thieman</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <u>no</u> or unknown) (If yes, give war or dates of service)	17. INFORMANT Address <u>J.B.Thieman, Odessa, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Natural Cause Probably Coronary</u>	<u>Dead Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b) <u>Dechlor. Found dead shortly after he got from gas alarm, dead on floor, corner of kitchen</u>	
DUE TO (c) <u>He had war store in Odessa Mo</u>	

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.
<u>This man had been treated for a dead ulcer</u>	<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.)
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20c. TIME OF INJURY	Hour	Month, Day, Year
	a.m. p.m.	

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
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21. I attended the deceased from after death to after death and last saw him alive on frequently, recently
 Death occurred at 4:15 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. Martin</u> (Degree or title) <u>Coroner</u>	22b. ADDRESS <u>Odessa Mo</u>	22c. DATE SIGNED <u>10-17-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 18, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Odessa, Cemetery</u>	23d. LOCATION (City, town, or county) <u>Odessa, Mo.</u>
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24. FUNERAL DIRECTOR <u>Husman-Sparks,</u> ADDRESS <u>Odessa, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 17, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Emma Davidson</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 William T. Sparrow

Licensed Embalmer No. 4431

P. O. Address Odessa,

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.