

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010622

FILED VS MAR 28 1960

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 234 STATE FILE NUMBER

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, give TOWNSHIP only) <b>Springfield</b>		Length of stay in 1b		c. CITY OR TOWN <b>Springfield</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>Baptist Hospital</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>1008 Kingsbury</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) First <b>JULIUS</b> Middle <b>H.</b> Last <b>THIMESCH</b>				4. DATE OF DEATH Month <b>March</b> Day <b>17</b> Year <b>1960</b>											
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Marital Status <del>Married</del> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>22 July 1903</b>		9. AGE (last birthday) <b>56</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Feed Store Official</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Feed Store</b>		11. BIRTHPLACE (City and state or country) <b>Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>							
13a. FATHER'S NAME <b>John Thimesch</b>				13b. MOTHER'S MAIDEN NAME <b>Clara Pratt</b>				14. NAME OF HUSBAND OR WIFE <b>Rachel Thimesch</b>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>				16. SOCIAL SECURITY NO.		17. INFORMANT <b>Rachel Thimesch (Wife) Springfield, Mo.</b> Address <b>1008 Kingsbury</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>Spontaneous subarachnoid hemorrhage</b> DUE TO (b) <b>Essential hypertension</b> DUE TO (c) <b>36 hours</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>unknown</b>								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 checked="" 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 a.m. 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>3/16/60</b> to <b>3/17/60</b> and last saw him alive on <b>3/17/60</b> Death occurred at <b>2:15</b> P. m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <b>Francis M Maple MD</b> (Degree or title)				22b. ADDRESS <b>1211 S. Glenstone Springfield, Missouri</b>				22c. DATE SIGNED <b>17 March 60</b>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3-19-60</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Eastlawn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Springfield, Missouri</b>									
24. FUNERAL DIRECTOR <b>Klingner Mortuary</b> ADDRESS <b>Springfield, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>3-23-60</b>		26. REGISTRAR'S SIGNATURE <b>Effie S. Melton</b>									

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 14 1960

STATEMENT BY LICENSED EMBALMER

MAR 28 1930

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

*Max Hodes*

Licensed Embalmer No. 407

P. O. Address \_\_\_\_\_  
*[Signature]*

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.