

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

611 - 61-045226
STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 611

AMENDED
FILED JAN 2 1962

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| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN INDEPENDENCE | | Length of stay in 1b 60 yrs | c. CITY OR TOWN INDEPENDENCE Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION INDEPENDENCE HOSPT. | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 119 E. White Oak St. Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First JAMES Middle E. Last THIRKLES | | | 4. DATE OF DEATH Month 12 Day 21 Year 61 |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-25-1886 |
| 9. AGE (last birthday) 75 yrs | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 | IF UNDER 24 HR Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Lexington, Missouri |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME James Thirkles | 13b. MOTHER'S MAIDEN NAME Unknown |
| 14. NAME OF HUSBAND OR WIFE Rowena Thirkles | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | |
| 17. INFORMANT Rowena Thirkles | | Address Indep. Missouri | |
| 18. CAUSE OF DEATH (Enter only one cause per line for 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) Arteriosclerosis Heart Disease Chronic DUE TO (c) | | | INTERVAL BETWEEN ONSET AND DEATH Hidden |
| 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 type="checkbox"/> NO <input checked="" 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 6:45 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 Aug 28, 1956 to Dec 21, 1961 and last saw ^{her} him alive on Nov 11, 1961 . Death occurred at 6:45 P M on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) W. H. Heikeman M.D. | | 22b. ADDRESS 204 W. Maple Independence, Mo. | 22c. DATE SIGNED 12/26/61 (State) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 12-27-61 | 23c. NAME OF CEMETERY OR CREMATORY Woodlawn | 23d. LOCATION (City, town, or county) Independence, Missouri |
| 24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th & Benton | ADDRESS | 25. DATE RECD. BY LOCAL REG. 12-27-61 | 26. REGISTRAR'S SIGNATURE Alba L. Craig |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF SHOULD READ

JAN 3 1962

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 Bruce Watkins

Licensed Embalmer No. 4500

P. O. Address 18th & Benton

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.