

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018706  
STATE FILE NUMBER

FILED MAY 20 1959

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 21

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bowling Green</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Bowling Green</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>H. K. H. E.</u> Length of stay in 1b ---		d. STREET ADDRESS (If outside, give location) <u>0820 0</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>VERNIE</u> Middle <u>-</u> Last <u>THOMAS</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>11</u> Year <u>1959</u>	
5. SEX <u>Female</u> <sup>3</sup>	6. COLOR OR RACE <u>Color B</u> <sup>2</sup>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 22 1877</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Days <u>87</u> Hours <u>9</u> Min. <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTH PLACE (City and state or country) <u>PIKE CO. MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>R - LUCKETT</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES THOMAS</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT Address <u>ADA LENAR BOWLING GREEN, MO.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral anoxia</u> DUE TO (b) <u>Cerebral vascular accident</u> DUE TO (c) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>weeks</u> <u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331x</u>			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 <u>---</u> Month, Day, Year <u>---</u> a.m. <u>---</u> p.m. <u>---</u>	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 <u>2-23-59</u> to <u>5-11-59</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>5-11-59</u> → Death occurred at <u>11:00</u> <u>P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Robert G. Brooks D.O.</u> <sup>2</sup>	22b. ADDRESS <u>Bowling Green, Mo</u>	22c. DATE SIGNED <u>5-12-59</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>May 14, 1959</u>	23b. DATE	23c. NAME OF CEMETERY OR ORGANIZATION <u>Bowling Green</u>	23d. LOCATION (City, town, or county) (State) <u>Bowling Green, MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>GRACE BANKHEAD Bowling Green, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>5-15-59</u>	26. REGISTRAR'S SIGNATURE <u>Bill Robinson</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1-0

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 C. Kirk* .....

Licensed Embalmer No. *4597* .....

P. O. Address *Bowling Green* .....

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.