

THE DIVISION OF HEALTH OF MISSOURI
DIVISION CERTIFICATE OF DEATH

59-033105

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 3045 Registrar's No. 71

S. 300
v. 1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY MISSISSIPPI				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI			
b. CITY OR TOWN CHARLESTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN CHARLESTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 300, BROOKLYN ST		Length of stay in 1b 2 YRS		067 ¹ / ₀ STREET ADDRESS 300 BROOKLYN		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ANDREW Middle ROS Last THOMAS				4. DATE OF DEATH Month 9 Day --12 Year --59			
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 SEPT. 22, 1885	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY COMMON LABOR		11. BIRTHPLACE (City and state or country) JULIUS ARK.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ANDREW THOMAS			13b. MOTHER'S MAIDEN NAME LIZA CARR		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)		16. SOCIAL SECURITY NO. 489-14-8834		17. INFORMANT FRED COLEMAN		Address 300 BROOKLYN CHARLESTON MO.	
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><i>Myocardial infarction</i></u>						INTERVAL BETWEEN ONSET AND DEATH <u><i>4 days</i></u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 481X						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 _____ a.m. _____ p.m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 _____ to _____ and last saw him alive on <u><i>Sept. 9, 1959</i></u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u><i>[Signature]</i></u> (Degree or title) _____			22b. ADDRESS <u><i>[Address]</i></u>		22c. DATE SIGNED <u><i>9/22/59</i></u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 9/23/59	23c. NAME OF CEMETERY OR CREMATORY LINCOLN		23d. LOCATION (City, town, or county) (State) MOUNDS, ILLINOIS		
24. FUNERAL DIRECTOR PEOPLE'S FUNERAL CHAPEL			ADDRESS CHARLESTON MISSOURI		25. DATE RECD. BY LOCAL REG. 9-23-59	26. REGISTRAR'S SIGNATURE <u><i>[Signature]</i></u>	

MEDICAL CERTIFICATION

MS OCT 27 1959

County File No. _____
Date Filed 9-29-59

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 Carlton S. Donaldson

Licensed Embalmer No. 4935
P. O. Address Taholton, Ma.

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.