

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-000631

FILED VS FEB 9 1960

Registration District No. 58 Primary Registration District No. 5-212 STATE FILE NUMBER 2 Registrar's No. 2

V. S. 300
Rev. 1-57

0190

1. PLACE OF DEATH a. COUNTY CARTER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CARTER			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTER TWP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN VAN BUREN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 90 RESIDENCE		Length of stay in lb 13 YEARS		d. STREET ADDRESS (If outside, give location) 018 VAN BUREN, MO		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First PEGGIE Middle BEAVERS Last BEAVERS				4. DATE OF DEATH Month FEB Day 6 Year 1960			
5. SEX 1 FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH FEB 13, 1899		9. AGE (In years last birthday) 60 Months 11 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRACTICAL NURSE		10b. KIND OF BUSINESS OR INDUSTRY HOMIE NURSING		11. BIRTHPLACE (City and state or country) VAN BUREN, MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME WILLIAM E. THOMASON		13b. MOTHER'S MAIDEN NAME ELMIRA DUNN		14. NAME OF HUSBAND OR WIFE DECEASED			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-03-7066		17. INFORMANT Address ISAAC THOMASON VAN BUREN, 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) CORONARY THROMBOSIS						INTERVAL BETWEEN ONSET AND DEATH 30 MIN	
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) 4201						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. Month, Day, Year _____							
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 Dead and General and last saw her alive on _____ Death occurred at 10:00 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Clemens McSpadden (Degree or title) CORNER		22b. ADDRESS VAN BUREN, MO		22c. DATE SIGNED 2/7/1960			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 2-17-1960		23c. NAME OF CEMETERY OR CREMATORY JEFFERSON BKS NATL		23d. LOCATION (City, town, or county), (State) JEFFERSON BKS MO	
24. FUNERAL DIRECTOR MCSPADDEN FUNERAL HOME		ADDRESS Van Buren		DATE RECD. BY LOCAL REG. Feb. 8-60		26. REGISTRAR'S SIGNATURE Mrs Oeta Henson	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

The funeral director is responsible for the proper completion of the entire certificate. This includes securing the medical certification in the specific manner required by 193.140 MoRS 1949. 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.

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STATEMENT BY LICENSED EMBALMER

FEB 10 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by DONALD SLOAN, Student Embalmer No. 606 working under my personal supervision.

Student Donald Sloan
Signature of Student Embalmer

Signed Allen C. McGovern

Licensed Embalmer No. 4543

P. O. Address Van Buren, Mo.

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.