

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-005099

FILED VS. MAR 15 1960

032

Primary Registration District No.

Registrar's No. 16

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Glen Allen</u>		Length of stay in 1b <u>about 1 yr</u>		c. CITY OR TOWN <u>Glen Allen</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7 Mi-West Glen Allen</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>7 Mi-w. of Glen Allen</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Elmer</u> Last <u>Thomas</u>				4. DATE OF DEATH Month <u>2</u> Day <u>17</u> Year <u>1960</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>		8. DATE OF BIRTH <u>6-25-1887</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>8</u> Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>J.C. Penney Co.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Store</u>		11. BIRTHPLACE (City and state or country) <u>DeKalb, Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J.M. Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Irene</u>			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) <u>---</u>			16. SOCIAL SECURITY NO. <u>488-14-4926</u>		17. INFORMANT Address <u>Mrs. Leslie Foster, Union Star, 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>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Artery Occlusion</u> DUE TO (c) <u>Coronary Atherosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							INTERVAL BETWEEN ONSET AND DEATH	
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>7:30 a.m.</u> 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 <u>Dead upon arrival</u> , to _____ and last saw <u>him</u> alive on _____ Death occurred at <u>7:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Glen E. Kinder</u> <u>Coroner</u>				22b. ADDRESS <u>Lutesville, Mo.</u>			22c. DATE SIGNED <u>2-23-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>2-21-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McGee's Chapel</u>		23d. LOCATION (City, town, or county) (State) <u>Bollinger, Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Glen E. Kinder, Lutesville, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2-24-60</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

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

*J. E. Graham*

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.