

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007511
STATE FILE NUMBER

FILED VS MAR 15 1960

273

Primary Registration District No. 3051

Registrar's No. 46

INDEXED

1. PLACE OF DEATH a. COUNTY PERRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY STE GENEVIEVE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PERRYVILLE		Length of stay in lb 16 Hrs	c. CITY OR TOWN STE. GENEVIEVE
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION PERRY Co MEMORIAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 341 North Main
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) ELMER Joseph THOMURE			4. DATE OF DEATH MARCH 7 1960		
5. SEX MALE	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 30-4-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER		10b. KIND OF BUSINESS OR INDUSTRY LIME Co		11. BIRTHPLACE (City and state or country) STE. GENEVIEVE MO U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
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13a. FATHER'S NAME CHARLES THOMURE		13b. MOTHER'S MAIDEN NAME GENEVIEVE Content ALINE M. DRURY		14. NAME OF HUSBAND OR WIFE ALINE M. DRURY	
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. 440-01-4604		17. INFORMANT Gilbert THOMURE STE. GENEVIEVE, MO	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) ACUTE MYOCARDIAL INFARCTION			24 HOURS		
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE			10 YRS		
DUE TO (c)					

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			
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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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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	
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21. I attended the deceased from **3-6-60**, to **3-7-60** and last saw ^{her} _{him} alive on **3-7-60**
Death occurred at **11:30 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE St Genevieve MD		(Degree or title)		22b. ADDRESS St Genevieve Mo		22c. DATE SIGNED 3-9-60	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-10-60		23c. NAME OF CEMETERY OR CREMATORY CALVARY		23d. LOCATION (City, town, or county) STE. GENEVIEVE MO		(State)	
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24. FUNERAL DIRECTOR James Taylor Ste Genevieve Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 3-10-60		26. REGISTRAR'S SIGNATURE Joe J. Zollner			
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VA
V3
JAN 4
1964

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 James S. Lamb

Licensed Embalmer No. 3817

P. O. Address St. Lawrence

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.