JRI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS APR 6 1960

NDED

Registration District No. 282 Primary Registration District No. 4424 Registrar's No. 140

60-012123
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Humansville
Length of stay in 1b 8 Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Big Springs Rest Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Hickory
c. CITY OR TOWN Wheatland
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) South Wheatland
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Viola Middle June Last Thatch
4. DATE OF DEATH Month Mar Day 15 Year 1960
5. SEX Female
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 6-25-82
9. AGE (last birthday) 77
IF UNDER 1 YEAR Months 8 Days 20 IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Elkton, Md
12. CITIZEN OF WHAT COUNTRY U.S.A
13a. FATHER'S NAME John Roth
13b. MOTHER'S MAIDEN NAME Sarah Deiner
14. NAME OF HUSBAND OR WIFE Wm Stewart Thatch
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Wayland Thatch Address Parkville, Mo

MEDICAL CERTIFICATION

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)	Myocardial Failure	Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio Sclerotic Changes	years
DUE TO (c)	Arterio Sclerotic Heart	years

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 1945 to March 1960 and last saw her alive on March 16, 60
Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H R Easton (Degree or title) MD
22b. ADDRESS Beaufleau Mo
22c. DATE SIGNED March 18, 60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Mar 19-1960
23c. NAME OF CEMETERY OR CREMATORY Lehman Cemetery
23d. LOCATION (City, town, or county) (State) Elkton, Mo
24. FUNERAL DIRECTOR Gilbert Hathaway ADDRESS Wheatland Mo
25. DATE RECD. BY LOCAL REG. March 30, 1960
26. REGISTRAR'S SIGNATURE Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

AUG 29 1960

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VS APR 7 1960

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_____ Signed Chas Gilbert Hathaway

Signature of Student Embalmer

Licensed Embalmer No. 4267

P. O. Address Wheatland,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.