

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041483
STATE FILE NUMBER

FILED VS. DEC 6 1960 98

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 10

INDEXED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Daviess		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Marion Twp.		a. STATE Missouri COUNTY Daviess		c. CITY OR TOWN Rural Marion Twp.	
Length of stay in 1b Life		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. NW Gallatin		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 Mi. NW Gallatin	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH		Month Day Year	
First Brenda		Middle Lea		Last Thomas		November 28 1960	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11-27-1960	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (City and state or country) Daviess Co. Missouri	Hours 7	Min. 5	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Howard E. Thomas			13b. MOTHER'S MAIDEN NAME Norma Lea McCorkle		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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Howard E. Thomas, Gallatin, 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) probable congenital heart disease							
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)							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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 11-27-60 to 11-28-60 and last saw her alive on 11-27-60. Death occurred at 4 A. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Frank R. Anderson MD</i> (Degree or title)				22b. ADDRESS WINSTON, MO.		22c. DATE SIGNED 11-29-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-29-1960	23c. NAME OF CEMETERY OR CREMATORY Scotland Cemetery		23d. LOCATION (City, town, or county) Daviess County, Missouri		23e. STATE	
24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Gallatin, Mo.		25. DATE RECD. BY LOCAL REG. 12-1-1960		26. REGISTRAR'S SIGNATURE <i>Walter M. Englehart</i>			

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 _____, Student Embalmer No. _____, or by _____, Student Embalmer No. _____, working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

L. O. Dickerson

Licensed Embalmer No. 3307

P. O. Address Fall River

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.