OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-020562
STATE FILE NUMBER

AMENDED

Registration District No. 43. Primary Registration District No. 3007 Registrar's No. 143

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff
Length of stay in 1b: 3 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Poplar Bluff Hos.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Wayne
c. CITY OR TOWN Piedmont
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Margaret Middle: Elizabeth Last: Thomas
4. DATE OF DEATH Month: June Day: 7 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-19-04
9. AGE (last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and state or country): Piedmont, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: John William Daniels
13b. MOTHER'S MAIDEN NAME: Minnie Hampton
14. NAME OF HUSBAND OR WIFE: Archie Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Archie Thomas Address: Piedmont Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cancer of Ascending Colon
INTERVAL BETWEEN ONSET AND DEATH: 6 mont
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)
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 6-1-61, to 6-7-1961 and last saw her alive on 6-6 1961
Death occurred at 9 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J M Henderson M.D.
22b. ADDRESS Poplar Bluff Mo
22c. DATE SIGNED 6-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-11-61
23c. NAME OF CEMETERY OR CREMATORY: Masonic
23d. LOCATION (City, town, or county) (State): Piedmont, Mo

24. FUNERAL DIRECTOR: William Cole ADDRESS: Piedmont Mo
25. DATE RECD. BY LOCAL REG.: 6/19/1961
26. REGISTRAR'S SIGNATURE: Thelma Graham

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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 r

or by Coder Funeral Home, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed William Coder

Licensed Embalmer No. 3723

P. O. Address Piedmont,

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.