

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-030196

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 5836 Registrar's No. 97

AMENDED

FILED SEP 11 1961

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Neosho		c. CITY OR TOWN Rural	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. # 4		d. STREET ADDRESS (If outside, give location) R.F.D. # 4	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN EWART THAIN		4. DATE OF DEATH Month Day Year Sept. 1, 1961	
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 10/29/79
10a. MAJOR OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer	9. AGE (last birthday) 81
11. BIRTHPLACE (City and state or country) Scotland		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME David Thain		13b. MOTHER'S MAIDEN NAME Agnes Ewart	
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 None	
17. INFORMANT Mrs. W.A. Soutar, Neosho Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Ventricular Fibrillation DUE TO (b) Coronary occlusion DUE TO (c) arteriosclerosis generalizid			INTERVAL BETWEEN ONSET AND DEATH 2 per minutes 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 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 June 1961 to August 61 and last saw him alive on Aug. 24, 1961 Death occurred at about 5:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sam B Anderson M.D.		22b. ADDRESS Neosho Missouri	
22c. DATE SIGNED 7/1/61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-4-1961	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	23d. LOCATION (City, town, or county) Neosho Missouri
24. FUNERAL DIRECTOR Thompson Funeral Home, Neosho Mo.		25. DATE RECD. BY LOCAL REG. 9-8-61	
26. REGISTRAR'S SIGNATURE Melvin G. Bowman		27. By N. J. Bolla M.D.	

DATE AMENDED

INSTEAD OF RECORD FILE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 19 1961

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 Jimmy C. Jobe

Licensed Embalmer No. 5140

P. O. Address Deerho, Mo.

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.