# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-006084
STATE FILE NUMBER

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

Registration District No. 108 Primary Registration District No. 5432 Registrar's No. 44

FILED FEB 19 1962

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arbyrd — Length of stay in 1b: 25yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At H ome Arbyrd Mo. — Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print) First: MINNIE Middle: LEE Last: THOMAS
4. DATE OF DEATH Month: Jan. Day: 14 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6/1/1888
9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months 7 Days 13 — 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: Same
11. BIRTHPLACE (City and state or country): Henderson Tenn.
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: Tom Hayes
13b. MOTHER'S MAIDEN NAME: Cora B urch
14. NAME OF HUSBAND OR WIFE: Emmett 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: Emmett Thomas Address: Arbyrd 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) Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Flu
INTERVAL BETWEEN ONSET AND DEATH
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 1-14-62, to ____ and last saw her/him alive on 1-14-62
Death occurred at 3:15 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W M Cardwell (Degree or title) M D
22b. ADDRESS Cardwell Mo
22c. DATE SIGNED 1-22-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1/ 17/1962
23c. NAME OF CEMETERY OR CREMATORY: Silverdale Cemetery
23d. LOCATION (City, town, or county) (State): Arbyrd Mo. Rual Route

24. FUNERAL DIRECTOR: HOWARD ADDRESS: Leachville Ark.
25. DATE RECD. BY LOCAL REG.: 2-14-62
26. REGISTRAR'S SIGNATURE: Mabel T. Douglass

(Licensed Embalmer's Statement on Reverse Side)

**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_____ Signed H H Howard

Signature of Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Leytonville Ark

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.