MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-018557
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

Registration District No. 107 Primary Registration District No. 5422 Registrar's No. 104

FILED JUN 11 1962

1. PLACE OF DEATH
a. COUNTY Dunklin

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Dunklin

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett Rt. # 2 — Length of stay in Ib 2yrs.

c. CITY OR TOWN Kennett Rt. # 2 — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First JOHN Middle WILFORD Last THOMASON

4. DATE OF DEATH Month April Day 12 Year 1962

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 10/13/1902

9. AGE (last birthday) 59

IF UNDER 1 YEAR Months 29 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm & Mechanic

11. BIRTHPLACE (City and state or country) Gedion Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Marcus Thomason

13b. MOTHER'S MAIDEN NAME Mary Mc New

14. NAME OF HUSBAND OR WIFE

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 Mrs. Janella Fry Kennett Mo. Rt. # 1 Address

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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Unknown

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 _____, to _____ and last saw her/him alive on _____

Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Quinton Tarver (Degree or title) Quinton Tarver, Coroner

22b. ADDRESS Kennett, Mo.

22c. DATE SIGNED 6-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 4/14/1962

23c. NAME OF CEMETERY OR CREMATORY Manila Cemetery

23d. LOCATION (City, town, or county) (State) Manila Ark.

24. FUNERAL DIRECTOR Howard Funeral Service ADDRESS Manila Ark.

25. DATE RECD. BY LOCAL REG. 6-5-1962

26. REGISTRAR'S SIGNATURE Earl Husband

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0350		
2	0350		
3			
4	0		
5	2		
6			
7	0		
8	2		
9	4201		
10			
11			
12	90-3		
13	5-1		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

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 W W Howard

Signature of Student Embalmer

Licensed Embalmer No. 3959

P. O. Address Keyhaven, 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.