

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019372

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 160 Primary Registration District No. 559 Registrar's No. PJ
 FILED MAY 22 1962

VS 300
Rev. 4/59

10500

21100

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Washington	
b. CITY (If outside corporate limits, give TOWNSHIP only) Joachim township		Length of stay in 1b 4 days	c. CITY OR TOWN Cadet Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial Hos		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R#1 Cadet Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Nelia Middle Mary Last Thebeau		4. DATE OF DEATH Month May Day 12 Year 1962	
5. SEX Fe	6. COLOR OR RACE Wh	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/1/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
11a. FATHER'S NAME Jewell Boyer		11b. MOTHER'S MAIDEN NAME Lucy Boyer	11c. NAME OF HUSBAND OR WIFE Thomas
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12b. SOCIAL SECURITY NO.	12c. INFORMANT Address Thomas Thebeau, R#1, Cadet, Mo.
13. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia Lobar Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral hemorrhage DUE TO (c) Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 5 days 2 months sunk
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
14. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	14a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	14b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 13.)	
15. TIME OF INJURY Hour _____ a.m. p.m.		15b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
15c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		15d. CITY, TOWN, OR LOCATION COUNTY STATE	
16. I attended the deceased from May 9 to May 12 and last saw her him alive on May 12/62 Death occurred at Jefferson Memorial Hos on the date stated above, and to the best of my knowledge, from the causes stated.			
17. SIGNATURE Henry Gasket M.D. (Degree or title)		17b. ADDRESS Jefferson Mo	
17c. DATE SIGNED 5/14/62		17d. DATE SIGNED	
18a. BURIAL, CREMATION, REMOVAL (Specify) Removal	18b. DATE 5/15/62	18c. NAME OF CEMETERY OR CREMATORY St. Joachim's Cem	18d. LOCATION (City, town, or county) (State) Old Mines, Mo.
19. FUNERAL DIRECTOR ADDRESS Gum & Son Potosi, Mo.		20. DATE RECD BY LOCAL REG. 5-14-62	
21. REGISTRAR'S SIGNATURE [Signature]			

USE BLACK INK OR TYPEWRITER RIBBON

1028 W Main
Dr York, T

MAY 23 1962

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 William H. Gunn

Licensed Embalmer No. 5155

P. O. Address Potosi, 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.