

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-021710

STATE FILE NUMBER

Registration District No. 354 Primary Registration District No. 4519 Registrar's No. 13

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 29 1962

VS 300
Rev. 4/59

1 1070

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12 90-0

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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

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cabool		Length of stay in 1b 18 yrs.	c. CITY OR TOWN Cabool Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Patton Street		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Patton Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Albert Middle Elgia Last Thacker			4. DATE OF DEATH 5/18/62 Month 5 Day 18 Year 62
5. SEX male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/21/1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Creamery Plant	11. BIRTHPLACE (City and state or country) Arkansas
13a. FATHER'S NAME Richard Thacker		13b. MOTHER'S MAIDEN NAME Mary	14. NAME OF HUSBAND OR WIFE Goldie Thacker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes		16. SOCIAL SECURITY NO. 3 weeks	17. INFORMANT Goldie Thacker, Cabool, 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) CORONARY Occlusion			INTERVAL BETWEEN ONSET AND DEATH 30 min.
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. <input type="checkbox"/> Yes <input type="checkbox"/> N- <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 checked="" 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 Oct. 1957 to 5/18/62 and last saw him alive on 5/18/62 Death occurred at 3:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J.L. Spear M.D. (Degree or title)		22b. ADDRESS Cabool, Mo.	22c. DATE SIGNED 5/18/62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/22/62	23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery	23d. LOCATION (City, town, or county) Cabool, Mo. (State)
24. FUNERAL DIRECTOR Elliott-Gentry Funeral Home, Cabool, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. 5-21-62	26. REGISTRAR'S SIGNATURE Gaynell Cunningham

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 James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Cabool, 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.