

MISSOURI PUBLIC HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025991

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032 Primary Registration District No. _____ Registrar's No. 58

VS 300
Rev. 4/59

1 0090

2 0090

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED AUG 14 1962		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY BOLLINGER		a. STATE MO. b. COUNTY BOLLINGER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARBLE HILL		c. CITY OR TOWN MARBLE HILL	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First IDA Middle MAE Last THOMAS		4. DATE OF DEATH Month AUGUST Day 8 Year 1962	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 31, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	
13a. FATHER'S NAME SAM WHITENER		13b. MOTHER'S MAIDEN NAME CALLIE BESS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT FRED THOMAS, MARBLE HILL MO.		14. NAME OF HUSBAND OR WIFE D. J. THOMAS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypostatic pneumonia DUE TO (b) Angestive heart failure DUE TO (c) Arteriosclerotic heart dx.		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. <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 <u>7/30/62</u> to <u>8/7/62</u> and last saw her alive on <u>8/7/62</u> Death occurred at <u>8:05 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Buford Crader, M.D.</u>		22b. ADDRESS <u>Lutesville, Mo.</u>	
22c. DATE SIGNED <u>8/10/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE AUG. 11, 1962	23c. NAME OF CEMETERY OR CREMATORY BAKER CEMETERY	23d. LOCATION (City, town, or county) LUTESVILLE, MO.
24. FUNERAL DIRECTOR ADDRESS BAKER FUNERAL HOME, LUTESVILLE, MO.		25. DATE RECD. BY LOCAL REG. <u>8/11/62</u>	
		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	

(Licensed Embalmer's Statement on Reverse Side)

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 Eddie Graham, Student Embalmer No. 645
working under my personal supervision.

Student

Edw. A. Graham

Signature of Student Embalmer

Signed

E. E. Graham

Licensed Embalmer No.

4010

P. O. Address

Luttrell 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.