

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027954

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. ²³⁸ ~~278~~ ⁵⁸²¹ ~~5789~~ Primary Registration District No. ~~5789~~ Registrar's No. ~~22~~ ²²

VS 300
Rev. 4/59

10720
20730

3
4 0
5 1
6
7 0
8 2
94200

10
11
12 90-0
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 6 Mi. West East Prairie Length of stay in 1b 51 years		c. CITY OR TOWN East Prairie Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 6 Mi. W. East Prairie Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 6 Mi. W. East Prairie Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Orville Last Thomure		4. DATE OF DEATH Month July Day 8 Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-1-1911
9. AGE (last birthday) 51		IF UNDER 1 YEAR Months 7 Days 7 Hours 7 Min. 7	IF UNDER 24 HR Hours 7 Min. 7
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) St. Francis Co. Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME William Thomure	
13b. MOTHER'S MAIDEN NAME Hassie Evans		14. NAME OF HUSBAND OR WIFE Georgia Thomure	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Georgia Thomure, East Prairie Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE COR. ART. OCCLUSION SUDEN DUE TO (b) CIRT. SCLER. HEART DIS. SEV. YEARS DUE TO (c) _____		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 _____ to _____ and last saw him alive on _____ Death occurred _____ on the date stated above, and to the best of my knowledge, from the causes stated.		_____	
22a. SIGNATURE Carl G. Voss MA (Degree or title)		22b. ADDRESS SIKESTON, MO	22c. DATE SIGNED 7.12.62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-10-1962	23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery	23d. LOCATION (City, town, or county) (State) Mississippi Co. Missouri
24. FUNERAL DIRECTOR Travis Shelby, East Prairie, Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 7/23/62	26. REGISTRAR'S SIGNATURE Harold W. M. D.

USE BLACK INK OR TYPEWRITER RIBBON

Emmal Oarnitt raised July 10, 1962

JUL 26 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 Travis Shelby J.

Licensed Embalmer No. 4940

P. O. Address East Prairie

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.