

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032967

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7879 STATE FILE NUMBER

FILED AUG 22 1962

1. PLACE OF DEATH
 a. COUNTY 4332 Chouteau
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Missouri Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home 4332 Chouteau Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY St. Louis
 c. CITY OR TOWN St. Louis Mo. (If outside, give location) Inside Limits Yes No
 d. STREET ADDRESS 4332 Chouteau Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
Millie Isabelle Thames

4. DATE OF DEATH Month Day Year
Aug. 10 1962

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Oct 3 1878 83 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and state or country) Phillips County MO. 12. CITIZEN OF WHAT COUNTRY U.S.A. Phillips Cou.

13a. FATHER'S NAME John M. MCraken 13b. MOTHER'S MAIDEN NAME Isabel Ray 14. NAME OF HUSBAND OR WIFE Albert J. Thames

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. None 17. INFORMANT Mrs Warren Thomas R.#1 Festus 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) Cardiac Arrest INTERVAL BETWEEN ONSET AND DEATH Sudden
 DUE TO (b) Arteriosclerotic heart disease years
 DUE TO (c) 4200

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) Abdominal aneurysm
2) Undiagnosed Abdominal Pain, Nausea, vomiting

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 1956 to 8/10/62 and last saw her/him alive on 8/19/62
 Death occurred at 10:22 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward Campbell MD 22b. ADDRESS 3720 Washington Ave 22c. DATE SIGNED 8/16/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 8-13-1962 23c. NAME OF CEMETERY OR CREMATORY Rosemont Mem Sem 23d. LOCATION (City, town, or county) (State) De Soto Mo.

24. FUNERAL DIRECTOR Venyard Funeral Home ADDRESS Festus Mo. 25. DATE RECD. BY LOCAL REG. AUG 13 1962 26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

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DATE AMENDED
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

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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 *J. S. [unclear]*, Student Embalmer No. 3010

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. S. [unclear]*

Licensed Embalmer No. 3010

P. O. Address _____

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.