# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

62-033490
STATE FILE NUMBER

Registration District No. 366 Primary Registration District No. _____ Registrar's No. 65

FILED SEP 5 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1100
2 0470
3
4 1
5 2
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7 0
8 0
9 4200
10
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12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Harmony TWP — Length of stay in 1b: 10 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: At Residence — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Iron
c. CITY OR TOWN: Courtois — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Courtois — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Louisa Middle: Thompson Last:
4. DATE OF DEATH: Month Day Year: Aug. 29, 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 9-26-81
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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: x
11. BIRTHPLACE (City and state or country): Iron Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Crocker
13b. MOTHER'S MAIDEN NAME: Delilah Crocker Merrit
14. NAME OF HUSBAND OR WIFE: Frank Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT: Paul Thompson Address: Salem, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Arteriosclerotic heart disease(410-516)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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. ☐ 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 9/10/57, to 8/29/62 and last saw her/him alive on 5/31/62
Death occurred at 1:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Martin Martin (Degree or title)
22b. ADDRESS: Salem Missouri
22c. DATE SIGNED: 8/31/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-1-62
23c. NAME OF CEMETERY OR CREMATORY: Crocker Cem.
23d. LOCATION (City, town, or county) (State): Iron County, Mo.

24. FUNERAL DIRECTOR: SPENCER FUNERAL HOME INC. ADDRESS:
25. DATE RECD. BY LOCAL REG.: 9/1/62
26. REGISTRAR'S SIGNATURE: Helen Kendall

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 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_____

Licensed Embalmer No. 2370

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.