

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-033544

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 307

FILED OCT 8 1962

VS 300
Rev. 4/59

6017
29140

3

4 1

5 1

6

7 1

8 2

9 332X

10

11

123-2

131-0

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 Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Iowa b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Length of stay in 1b 21 days	c. CITY OR TOWN Agency
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Box 368 128 E. Main
3. NAME OF DECEASED (Type or print) First Velma Middle Jane Last Thomas		4. DATE OF DEATH Month Oct. Day 3, Year 1962	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 9/8/16
9. AGE (last birthday) 46		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 domestic	11. BIRTHPLACE (City and state or country) Milton, Iowa
12. CITIZEN OF WHAT COUNTRY U. S. A.		13a. FATHER'S NAME William Bickel	
13b. MOTHER'S MAIDEN NAME Cora Darby		14. NAME OF HUSBAND OR WIFE Orville Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT Address Orville Thomas, Agency, Iowa
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE CIRCULATORY FAILURE			INTERVAL BETWEEN ONSET AND DEATH 10-14 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RT. CEREBRAL THROMBOSIS			9-12-62
DUE TO (c) ARTERIOSCLEROSIS			UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PREVIOUS R.U.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 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 9-12-62 to 10-3-62 and last saw her ^{her} live on 10-3-62 Death occurred at 10:25 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul Laughlin M.D.		22b. ADDRESS KIRKSVILLE, MO	22c. DATE SIGNED 10-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 10/6/62	23c. NAME OF CEMETERY OR CREMATORY Lebanon Cemetery	23d. LOCATION (City, town, or county) (State) Van Buren Co. Iowa
24. FUNERAL DIRECTOR ADDRESS Johnson Funeral Home-Ottumwa, Iowa		25. DATE RECD. BY LOCAL REG. 10-5-1962	26. REGISTRAR'S SIGNATURE Doris W. Patliff

Permit issued Oct 5, 1962

EARL LAUGHLIN, JR. D.O.

OCT 30 1962
FEB 25 1963

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirkville, 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.