

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035366

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 127

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

FILED SEP 17 1962

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Lincoln</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE <u>Mo.</u> b. COUNTY <u>St. Charles</u> (Mission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Troy</u> | | c. CITY OR TOWN <u>Foristell</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA Lincoln Co. Hosp.</u> | | d. STREET ADDRESS (If outside, give location) <u>None</u> | |

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|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First <u>Dora</u> Middle <u>Mae</u> Last <u>Theerman</u> | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>8</u> Year <u>1962</u> | | |
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|-----------------|---------------------------|---|---------------------------------------|-------------------------------------|--|--|
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>21 Mar. 25</u> | 9. AGE (last birthday) <u>37</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe Operator</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u> | 11. BIRTHPLACE (City and state or country) <u>Tupelo, Miss.</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
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| 13a. FATHER'S NAME <u>Lester Mooney</u> | 13b. MOTHER'S MAIDEN NAME <u>Ad Lee Montgomery</u> | 14. NAME OF HUSBAND OR WIFE <u>Arnold Theerman</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT <u>Sandra Bishop</u> | Address <u>St. Charles, Mo.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Broken Neck, Chrushed Chest</u> | | <u>??</u> |
| DUE TO (b) <u>Collision of Auto with truck.</u> | | |
| DUE TO (c) _____ | | |

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| 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 |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.) <u>Subject was driving car which collided</u> |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | Month, Day, Year <u> </u> | <u>head-on with a transport truck</u> |
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| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u> | 20f. CITY, TOWN, OR LOCATION <u>Hiway #61 at Big Creek, Lincoln Co</u> | COUNTY <u>Mo</u> STATE <u>Mo</u> |
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at 2:10 AM on the date stated above, and to the best of my knowledge, from the causes stated.

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| 23a. SIGNATURE <u>Joseph J. Marsh</u> | (Degree or title) <u>CORONER</u> | 22b. ADDRESS <u>Troy, Missouri</u> | 22c. DATE SIGNED <u>9/9/62</u> |
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| 23d. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23e. DATE <u>8 Sept. '62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cem.</u> | 23d. LOCATION (City, town, or county) <u>St. Charles, Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>Prinster-Baue F.H. Inc.</u> | ADDRESS <u>St. Charles Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>9-13-62</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte Leaf</u> |
|--|-----------------------------------|--|--|

SEP 19 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 Frederic W. Bane

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.