

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039432

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 212

FILED OCT 22 1962

VS 300
Rev. 4/59

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20595

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Livingston</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Chillicothe</u> | | Length of stay in lb <u>3 Weeks</u> | c. CITY OR TOWN <u>Chillicothe</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bush's Rest Home</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Walnut</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>Philip</u> Middle <u>Dewain</u> Last <u>Thomas</u> | | | 4. DATE OF DEATH Month <u>October</u> Day <u>16</u> Year <u>1962</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct 1, 1883</u> |
| 9. AGE (last birthday) <u>79</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u> | IF UNDER 24 HR Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u> | 11. BIRTHPLACE (City and state or country) <u>Linn County Missouri</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Jesse Thomas</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Stella Mitchell</u> | | 14. NAME OF HUSBAND OR WIFE <u>Jessie Thomas</u> | |
| 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></u> | 17. INFORMANT <u>Ruth Reid Westman college</u> Address <u>Le Mars Iowa</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia Terminal</u> DUE TO (b) <u>Pulmonary Embolus</u> DUE TO (c) <u>Coronary Occlusion</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cerebral Embolus 1952</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>6 days</u> <u>4 weeks</u> |
| 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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u> | | 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 <u>Sept '52</u> to <u>Oct. 16, 62</u> and last saw her/him alive on <u>Oct. 15-62</u> Death occurred at <u>7:00 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>Joseph P. Carrad M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Chillicothe, Mo</u> | |
| 22c. DATE SIGNED <u>Oct. 17, 62</u> | | 22d. PLACE SIGNED <u>Chillicothe, Mo</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>10/18/1962</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Glennview Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Chula Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>E.J. Robertson Funeral Home</u> ADDRESS <u>Chula, Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Oct 17, 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Annalee Taylor</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

OCT 24 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 J. M. Henton

Licensed Embalmer No. 4388

P. O. Address Laredo, 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.