

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002790

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

273

Primary Registration District No.

3051

Registrar's No.

3

FILED JAN 22 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Perry	
b. CITY (If outside corporate limits, give TOWNSHIP only) Perryville		c. CITY OR TOWN Perryville	
c. FULL NAME OF (If NOT in hospital, give location) Perry County Memorial Hospital		d. STREET ADDRESS (If outside, give location) 346 N. Water	
3. NAME OF DECEASED (Type or print) First Minnie Middle Florence Last Thompson		4. DATE OF DEATH Month Jan. Day 15 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH April 8, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Perry County, Mo.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Strickland		13b. MOTHER'S MAIDEN NAME Theresa Swank	
14. NAME OF HUSBAND OR WIFE Martin O. Thompson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Willard Thompson		17. INFORMANT Perryville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO (b) Coronary occlusion DUE TO (c) Coronary artery disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Generalized arteriosclerosis 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 12:15 a.m. ☐ p.m. ☒	
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 Perryville		COUNTY Mo. STATE Mo.	
21. I attended the deceased from 1957 to Jan. 15, 1963 and last saw her alive on Jan. 15, 1963 Death occurred at 12:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. E. McDermott, MD		22b. ADDRESS Perryville, Mo.	
22c. DATE SIGN 1/17/63		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE Jan. 19, 1963		23c. NAME OF CEMETERY OR CREMATORY Home Cemetery, Perryville, Mo.	
23d. LOCATION (City, town, or county) Perryville, Mo.		23e. STATE Mo.	
24. FUNERAL DIRECTOR Albert Bay, Perryville Mo		25. DATE RECD. BY LOCAL REG. 1-18-63	
26. REGISTRAR'S SIGNATURE Joe J. Joellner			

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 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,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed,

Licensed Embalmer No

Pro Raddies

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.