

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-016831

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 20

<b>FILED APR 24 1963</b>		1. PLACE OF DEATH a. COUNTY <b>Miller</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Miller</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Franklin Township</b>		Length of stay in 1b <b>years</b>		c. CITY OR TOWN <b>Eldon</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rt. 3, Eldon</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>Rt. 3</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>Elmer</b> Last <b>Thacker</b>			4. DATE OF DEATH Month <b>April</b> Day <b>11</b> Year <b>1963</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>caucasian</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>4/11/08</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>International Shoe</b>		11. BIRTHPLACE (City and state or country) <b>Eldon, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Elmer Thacker</b>		13b. MOTHER'S MAIDEN NAME <b>Cora Wood</b>	
14. NAME OF HUSBAND OR WIFE <b>Rosa Hempel Thacker</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <b>yes WW II</b>		16. SOCIAL SECURITY NO. <b>29</b>	
17. INFORMANT <b>Rosa Thacker</b>		Address <b>Eldon, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>HEMORRHAGE AND SHOCK</b>		INTERVAL BETWEEN ONSET AND DEATH <b>5 MIN.</b>		DUE TO (b) <b>PUNCTURE WOUND OF HEART, LUNGS, AND THORAX.</b>	
DUE TO (c) <b>22 CAL. BULLET</b>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>DEPRESSION</b>		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 checked="" 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 <b>Hour</b> Month, Day, Year <b>p.m.</b>		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 _____ and last saw her/him alive on _____ Death occurred at <b>3:00 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>D. P. Humphreys D.O. Coroner</b>		22b. ADDRESS <b>Tusculum, Mo.</b>		22c. DATE SIGNED <b>4-12-63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>4/14/63</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Dooley</b>	
23d. LOCATION (City, town, or county) <b>Eldon, Missouri</b>		23e. DATE RECD. BY LOCAL REG. <b>April 12, 63</b>		23f. REGISTRAR'S SIGNATURE <b>Adveretta Waltz</b>	
24. FUNERAL DIRECTOR <b>Phillips Funeral Home</b>		ADDRESS <b>Eldon, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 12, 63</b>	

VS 300 Rev. 4/59  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DOCUMENT

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

APR 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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Ellettsville

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.