MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-63-017260

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 314 Primary Registration District No. 6056 Registrar's No. 29 STATE FILE NUMBER

FILED MAY 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

Boat Comm

1	0930
2	0071
3	
4	0
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9	9298
10	43
11	093
12	91-3
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Butler Township — Length of stay in 1b: few hours
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Osage River — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Bates
c. CITY OR TOWN: Butler — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt 6 Lone Oak Twp. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First JERry — Middle LEE — Last THOMAS

4. DATE OF DEATH: Month Apr. Day 21 Year 1963

5. SEX: Male
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/12/1949
9. AGE (last birthday): 13 — 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): student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Butler Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William H Thomas
13b. MOTHER'S MAIDEN NAME: Opal McGuire
14. NAME OF HUSBAND OR WIFE: single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.:
17. INFORMANT: Opal Thomas, Rt 6 Butler Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Drowning — INTERVAL BETWEEN ONSET AND DEATH: Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Was swimming in osage River
DUE TO (c): Probably from Cramps
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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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.): Went under water while swimming
20c. TIME OF INJURY: 2.15 P Hour a.m. p.m. Month, Day, Year: 4-21-63
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.): Osage River
20f. CITY, TOWN, OR LOCATION: St. Clair, Lowry City — COUNTY: Missouri — STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 2:15 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Forrest B. Goodwin Coroner
22b. ADDRESS: Osceola Missouri
22c. DATE SIGNED:

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/24/63
23c. NAME OF CEMETERY OR CREMATORY: ~~Oakhx~~ Fariview
23d. LOCATION (City, town, or county) (State): Bates Co Missouri

24. FUNERAL DIRECTOR: Culver Underwood, Butler Mo. — ADDRESS
25. DATE RECD. BY LOCAL REG.: 4-24-1963
26. REGISTRAR'S SIGNATURE: Ruth Seevers

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Paul Firestone

Signature of Student Embalmer

Licensed Embalmer No. 3990

P. O. Address Osceola 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.