

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-014250

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

FILED APR 1 1963
AMENDED

Regulation No. 379 Primary Registration District No. 4359 Registrar's No. 4053

VS 300
Rev. 4/59

1140
211202
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4 0
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY WRIGHT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WEBSTER		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MANFIELD		Length of stay in 1b 6 DAYS	c. CITY OR TOWN SEYMOUR		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MANFIELD HOSP'		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE W. THOMAS			4. DATE OF DEATH Month Day Year 3 - 31 - 63		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH MAR 29, 1875	9. AGE (last birthday) 88	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) QUINCY, ILL.		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME STACEY THOMAS		13b. MOTHER'S MAIDEN NAME LUCENDIA BIXLAR		14. NAME OF HUSBAND OR WIFE DR. MRS. OLA MAE PENNINGTON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES SPANISH AMERICAN		16. SOCIAL SECURITY NO.		17. INFORMANT MRS. OLA MAE PENNINGTON Address SEYMOUR, 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) Acute left lobar & Bilateral Bronchial pneumonia					INTERVAL BETWEEN ONSET AND DEATH 2 wks
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
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 a.m. p.m.	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 MAY - 1962 to 3/31/63 and last saw ^{her} _{him} alive on 3/31/63 Death occurred at 10 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE J. P. Gill (Degree or title) A.O.			22b. ADDRESS Seymour		22c. DATE SIGNED 4/2/63 (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 4-3-63	23c. NAME OF CEMETERY OR CREMATORY OAK FOREST		23d. LOCATION (City, town, or county) WRIGHT CO. MISSOURI
24. FUNERAL DIRECTOR Robert Bergman Address Seymour, Mo.		25. DATE RECD. BY LOCAL REG. 4-9-63	26. REGISTRAR'S SIGNATURE Herb Pennington		

USE BLACK INK OR TYPEWRITER RIBBON

APR 15 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 Max L Miller

Licensed Embalmer No. 4720

P.O. Address Mansfield 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.