

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13548

State File No. _____

FILED APR 16 1952

BIRTH NO. _____ REG. DIST. NO. 198 PRIMARY REG. DIST. NO. 5721 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao Rural</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao Rural 0510</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Arch</u>	b. (Middle)	c. (Last) <u>Thayer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-22-52</u>
--	------------------------	-------------	-------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>2-13-20</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 1 HR.
		<u>married</u>		<u>82</u>	Months	Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Macon Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	---	---

13a. FATHER'S NAME <u>S. P. Thayer</u>	13b. MOTHER'S MAIDEN NAME <u>Harriet E. Shroy</u>	14. NAME OF HUSBAND OR WIFE <u>Myrtle E. Thayer</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle E. Thayer</u>	ADDRESS <u>Callao Mo</u>
--	-------------------------	---	--------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>		<u>1 yr.</u>
	ANTECEDENT CAUSES <u>both with Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Asthmatic Heart</u>		
	DUE TO (c) <u>Condition</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4342</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 5:00 P to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE <u>Charles L. Tuttle</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Macon Missouri</u>	23c. DATE SIGNED <u>3/22/52</u>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-24-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Locust Grove C.</u>	24d. LOCATION (City, town, or county) (State) <u>Callao Mo</u>
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>4/5/52</u>	REGISTRAR'S SIGNATURE <u>Josephine King</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Edwards</u>	ADDRESS <u>Beris Mo</u>
--	---	---	-------------------------

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

RECEIVED

4. 15. 52

MACON COUNTY HEALTH DEPARTMENT

County File No. 4-5283

Date Filed 4. 15. 52

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James D. Davis

Licensed Embalmer No. 4478

P. O. Address Buxley 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 this body is not embalmed, fact should be so stated above.