

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35534

STATE LICENSE NUMBER

Registration District No. 128 Primary Registration District No. 5454 Registrar's No. 1019-A

S. 300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Pond Creek Twsp Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Rural Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2, Billings Length of stay in 1b 68 years		d. STREET ADDRESS Billings Rt. 2 (If outside, give location) 239e Beside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JOHN Middle A. Last THAYER			4. DATE OF DEATH Month Oct. Day 19, Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 20 Aug. 1889
9. AGE (In years at birthday) 68		IF UNDER 1 YEAR Months Days 	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Republic, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Crockett Thayer	
13b. MOTHER'S MAIDEN NAME Clarissa Jane Holman		14. NAME OF HUSBAND OR WIFE Mabel Thayer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. J. A. Thayer, Billings, Missouri. Address Billings, Missouri.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed chest, deep puncture wound under chin into head. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) see 20b. DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) He was a pedestrian crossing U.S. Hiway "166" in front of his home and was struck by an automobile	
20c. TIME OF INJURY Hour 7:15 Month Oct. Day 19, Year 57 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on U.S. Hiway "166"	
20e. CITY, TOWN, OR LOCATION Billings, Greene, Missouri		20f. CITY, TOWN, OR LOCATION Billings, Greene, Missouri COUNTY Greene STATE Missouri	
21. I attended the deceased from Death occurred at aprox 7:15 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph Thayer (Degree or title) Greene County Coroner		22b. ADDRESS Springfield, Missouri	
22c. DATE SIGNED 23/Oct/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 22 Oct. 1957		23c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	
23d. LOCATION (City, town, or county) Republic, Missouri		(State) Missouri	
24. FUNERAL DIRECTOR Central-Fount, Republic, Missouri ADDRESS Republic, Missouri		25. DATE RECD. BY LOCAL REG. 10-25-57	
26. REGISTRAR'S SIGNATURE Janita Williamson			

OCT 31 1957

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 *William B. Kentel*

Licensed Embalmer No. *1020*

P. O. Address *Keokuk*

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.