

**JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-041498**

**FILED VS. NOV 21 1960 / 00**

STATE FILE NUMBER

ENDED

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 90

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dent</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Watkins</b>		Length of stay in 1b <b>60 yrs</b>	c. CITY OR TOWN <b>Salem</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>at home</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Rt 1</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>Henry Mathis</b> Middle <b>Thomason</b> Last			<b>4. DATE OF DEATH</b> Month <b>Nov</b> Day <b>13</b> Year <b>1960</b>			
<b>5. SEX</b> <b>male</b>	<b>6. COLOR OR RACE</b> <b>white</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>5-8-84</b>	<b>9. AGE</b> (last birthday) <b>76</b>	IF UNDER 1 YEAR Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>farmer</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>general</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Dent Co Mo</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U S A</b>	
<b>13a. FATHER'S NAME</b> <b>Jesse Thomason</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Susan White</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Blanche McBride</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>500 16 1787</b>	<b>17. INFORMANT</b> Address <b>Mrs H M Thomason Salem Mo rt 1</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac + pulmonary arrest.</b> DUE TO (b) <b>Cachexia + debilitation</b> DUE TO (c) <b>carcinomatous due to cancer</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cancer of the prostate with wide spread metastasis</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	
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)				
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.	Month, Day, Year					
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b>		COUNTY	STATE	
<b>21. I attended the deceased from</b> <u>1957</u> <b>to</b> <u>1960</u> <b>and last saw</b> <sup>her</sup> <b>him</b> <b>alive on</b> <u>Nov 13, 1960</u> Death occurred at <b>3:50 P</b> <b>m</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <i>B. J. Myers D.O.</i> (Degree or title)			<b>22b. ADDRESS</b> <i>Fecting, Mo</i>		<b>22c. DATE SIGNED</b> <b>11-15-60</b>	
<b>23a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>burial</b>	<b>23b. DATE</b> <b>11-15-60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Zion Cemetery</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Dent Co Mo</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Spencer Funeral Home Inc</b>		<b>25. DATE RECD. BY LOCAL REG.</b> <b>11/16/60</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>M. M. Hall M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl H. Spurr

Licensed Embalmer No. 22

P. O. Address Salem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.