

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC 1522436

SL 4007

7160-61-027411
STATE FILE NUMBER

AMENDED

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. _____

FILED AUG 8 1961 318

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Length of stay in 1b 4 DAYS	c. CITY OR TOWN ST. LOUIS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4237 E. PAGE
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last WILLIE (NMI) THOMAS			4. DATE OF DEATH Month Day Year 7/30/61	
---	--	--	---	--

5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/15/91	9. AGE (last birthday) 70	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) Retired Nurses Aid	10b. KIND OF BUSINESS OR INDUSTRY VAH, Jeff Bks.	11. BIRTHPLACE (City and state or country) Clarksdale, Miss.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	---	---	---------------------------------------

13a. FATHER'S NAME TONY THOMAS	13b. MOTHER'S MAIDEN NAME LOUISE SENTER	14. NAME OF HUSBAND OR WIFE LEANNA THOMAS
-----------------------------------	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I	17. INFORMANT Address LEANNA THOMAS (WIDOW) SEE # 2
--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INSUFFICIENCY DUE TO (b) ARTEROSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (c) 422.11		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)		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. Month, Day, Year	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. Attended the deceased from 7/26/61 to _____ and last saw ~~him~~ ^{her} alive on 7/30/61
Death occurred at 8:53 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph P. Schaefer M.D.	22b. ADDRESS VAH, ST. LOUIS, MO.	22c. DATE SIGNED 7/30/61
---	-------------------------------------	-----------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 8/3/61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery	23d. LOCATION (City, town, or county) Jefferson Bks., Mo.
--	---------------------	---	--

24. FUNERAL DIRECTOR Charles J. Gates, 4107 Finney	25. DATE REC'D. BY LOCAL REG. AUG 2 1961	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.
---	---	---

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

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 *Gayton Swan*

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.