MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013847
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 1050
2 0400
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 381 Primary Registration District No. 4515 Registrar's No. 26

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY: Sullivan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Milan — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: S.C.M. Hospital — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived? If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Grundy
c. CITY OR TOWN: Galt — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Liberty Twp — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: MICHAEL — Middle: JAY — Last: THRASHER

4. DATE OF DEATH: Month 3 — Day 16 — Year 1962

5. SEX: M. — 6. COLOR OR RACE: W — 7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐ — 8. DATE OF BIRTH: 3-15-62 — 9. AGE (last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours 18 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (City and state or country): Milan Mo — 12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Sterling Thrasher — 13b. MOTHER'S MAIDEN NAME: Velda Axtell — 14. NAME OF HUSBAND OR WIFE: —

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: Sterling Thrasher — Address: Galt Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Complications of prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): Prematurity – 7½ month pregnancy
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ — 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 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 ☐ NOT WHILE AT WORK ☐ — 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 3/15/62 12:30 pm to 3-16-62 and last saw her/him alive on (1 day)
Death occurred at 6:50 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] MD (Degree or title) — 22b. ADDRESS: Galt Missouri — 22c. DATE SIGNED: 3-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 23b. DATE: 3-17-62 — 23c. NAME OF CEMETERY OR CREMATORY: Humphreys Cem. — 23d. LOCATION (City, town, or county) (State): Humphreys Mo

24. FUNERAL DIRECTOR: Payne Funeral Home — ADDRESS: Galt Mo — 25. DATE RECD. BY LOCAL REG.: 3-19-1962 — 26. REGISTRAR'S SIGNATURE: Garnet B. Leeper 2nd Deputy

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed D R Payne Jr

Licensed Embalmer No. 3400

P. O. Address Galt

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.