

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029676

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 143

FILED JUL 23 1962

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall 46		Length of stay in 1b 3 yrs.		c. CITY OR TOWN Marshall Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall			d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Virgle Middle Thomas Last			4. DATE OF DEATH Month July Day 17 Year 1962		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/19/1900	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months 3 Days 28 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Miami Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Frank Thomas		13b. MOTHER'S MAIDEN NAME Susie King	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)			
16. SOCIAL SECURITY NO.		17. INFORMANT Jack Thomas Kansas City, 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) Accidental Drowning.					INTERVAL BETWEEN ONSET AND DEATH 3 m. 1 h
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
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 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.) Accidental Drowning			
20c. TIME OF INJURY 3:30 p.m.	Month, Day, Year July 17-62	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> Drowned in pond, unable to swim			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) In pond east of Marshall		20f. CITY, TOWN, OR LOCATION Marshall		COUNTY Saline STATE Mo	
21. I attended the deceased from Marshall, Missouri and last saw her/him alive on July 17, 1962 Death occurred at 3:30 p.m. July 17, 62 on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. L. Lewis M.D. Croner Saline Co			22b. ADDRESS Marshall Mo		22c. DATE SIGNED 7-20-62
23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) Burial		23b. DATE 7/21/62	23c. NAME OF CEMETERY OR CREMATORY Miami		23d. LOCATION (City, town, or county) (State) Miami, Missouri
24. FUNERAL DIRECTOR George H. Green Fulton, Missouri			25. DATE RECD. BY LOCAL REG. 7-20-62		26. REGISTRAR'S SIGNATURE Cecil H. Reed

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
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2976
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99298
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11 097
12 70-3
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Formit issued 1-30-62

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 Georgette Green

Licensed Embalmer No. 4220

P. O. Address Seaton 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.