

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041420

STATE FILE NUMBER

Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 25

FILED OCT 3 1 1962

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300
Rev. 4/59

1/1/30

2/1/30

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Grant City, Mo		c. CITY OR TOWN Denver, Mo	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scott Nursing Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First LILLIE Middle BELLE Last THRASHER		4. DATE OF DEATH Month Oct Day 4 Year 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-23, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Grant City, Mo
13a. FATHER'S NAME Joseph Black		13b. MOTHER'S MAIDEN NAME Margaret Thompson	14. NAME OF HUSBAND OR WIFE Frank Thrasher
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Wm Thrasher Denver, Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEBILITY AND INANITION DUE TO (b) SENILITY DUE TO (c) ARTERIOSCLEROSIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) MANY SMALL STROKES			INTERVAL BETWEEN ONSET AND DEATH 2 MONTHS 10 YEARS 20 YEARS
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <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. I attended the deceased from 1954 to Oct 4, 1962 and last saw her/him alive on Oct 4, 1962 Death occurred at 7:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE, (Degree or title) Richard J. Swift MD		22b. ADDRESS GRANT CITY MO	
22c. DATE SIGNED 10-20-62		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Oct 7, 1962	
23c. NAME OF CEMETERY OR CREMATORY Prarie Chapel Cemetry		23d. LOCATION (City, town, or county) (State) Denver, Rural Mo	
24. FUNERAL DIRECTOR ADDRESS Hermit Braun Denver Mo		25. DATE RECD. BY LOCAL REG. October 25-1962	
26. REGISTRAR'S SIGNATURE Reta E. Dawson			

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 John Andrews, Student Embalmer No. 4211
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John Andrews
Licensed Embalmer No. 4211

P. O. Address Grant City 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.