

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006225

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 23

FILED MAR 12 1963

VS 300 Rev. 4/59

10451

20270,

3

4 0

5 0

6

7 0

8 2

089X

10

11

12 86-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Fayette</u>		Length of stay in 1b <u>1 year</u>	c. CITY OR TOWN <u>Atterville</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rest Haven Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>8 miles S of Pilot Grove</u>
3. NAME OF DECEASED (Type or print) <u>WILBUR-FERRELL-THOMAS</u>		4. DATE OF DEATH <u>March 6, 1963</u>	
5. SEX <u>male</u>	6. COLOR OF RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 29, 1905</u>
9. AGE (last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>	
11. BIRTH PLACE (City and state of country) <u>Atterville, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S. a.</u>	
13a. FATHER'S NAME <u>Charles Lester Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Kopp</u>	
14. NAME OF HUSBAND OR WIFE <u>Marvin Thomas, Boonville, MO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give wt or dates) <u>no</u>		17. INFORMANT <u>Marvin Thomas, Boonville, MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Parkinson's syndrome</u> DUE TO (b) <u>Post mumps encephalitis</u> 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		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u>	
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. I attended the deceased from <u>Sept. 1961</u> to <u>March 6, 1963</u> and last saw her alive on <u>3-1-63</u> Death occurred at <u>11:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marie J. DeW...</u>		22b. ADDRESS <u>Fayette, Mo</u>	22c. DATE SIGNED <u>3-8-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3/10/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Lebanon Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Atterville, MO</u>
24. FUNERAL DIRECTOR <u>Hays Painter, Pilot Grove, MO</u>		25. DATE RECD. BY LOCAL REG. <u>3-8-63</u>	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>

MAR 13 1963

MAR 19 1963

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 Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, 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.

Emmit Isaac & Pauline's Doctor's signature