

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

68-025058

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 206 Primary Registration District No. 3042 Registrar's No. 72

FILED JUL 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED
1 <u>0621</u>	
2 <u>0940</u>	
3	
4 <u>1</u>	
5 <u>1</u>	
6	
7 <u>1</u>	
8 <u>0</u>	
9 <u>4200</u>	
10	
11	
12 <u>1-0</u>	
13 <u>1-0</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Madison		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fredricktown		c. CITY OR TOWN Farmington	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Madison Memorial Hospital		d. STREET ADDRESS (If outside, give location) RFD # 1	
3. NAME OF DECEASED (Type or print) First Emily Middle Elizabeth Last Thomas		4. DATE OF DEATH Month June Day 27 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY North Platte, Nebraska	11. BIRTHPLACE (City and state or country) USA
13a. FATHER'S NAME Fred Schalk		13b. MOTHER'S MAIDEN NAME Helen M. Roth	14. NAME OF HUSBAND OR WIFE Hubert N. Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT Hubert N. Thomas Farmington, 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) Myocardial Infarction DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 12 hr 10 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes Mellitus			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 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 6-26-63 to 6-27-63 and last saw her ^{alive} on 6-27-63 . Death occurred at 7:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Tom R. Burcham Jr. M.D.		22b. ADDRESS Farmington, Mo.	22c. DATE SIGNED 6-28-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	23b. DATE July 1, 1963	23c. NAME OF CEMETERY OR CREMATORY Missouri Crematory	23d. LOCATION (City, town, or county), (State) St. Louis Missouri
24. FUNERAL DIRECTOR Miller Funeral Home Farmington, Missouri		25. DATE RECD. BY LOCAL REG. 6-28-1963	26. REGISTRAR'S SIGNATURE Flarence Reiche

USE BLACK INK OR TYPEWRITER RIBBON

8-20-2000-10-11

1-200
1-150

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.

0-1

Student _____
Signature of Student Embalmer

Signed Bert J. Miller

Licensed Embalmer No. 375-2

P. O. Address Farmington, Me

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.