

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-031757
STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 334

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 30 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
Rev. 4/59				
10269				
20760				
3				
4 0				
5 2				
6				
7 0				
8 2				
94221				
10				
11				
12 1-0				
13 30				
BY AFFIDAVIT OF		SHOULD READ	ITEM NO.	BY TYPewriter RIBBON

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON CITY		Length of stay in 1b Less than hour	c. CITY OR TOWN CHAMOIS Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHAS. E. STILL HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NONE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle HENRY Last THARP			4. DATE OF DEATH Month AUGUST Day 26 Year 1963
5. SEX MALE	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 31 MAR 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming retired		10b. KIND OF BUSINESS OR INDUSTRY selfemployed	9. AGE (last birthday) 94 IF UNDER 1 YEAR Months Days Hours Min.
11a. FATHER'S NAME Thomas L. Tharp		11b. MOTHER'S MAIDEN NAME Amanda Coffelt	11. BIRTHPLACE (City and state or country) Mint Hill, Mo.
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.	12. CITIZEN OF WHAT COUNTRY U S A
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema		14. NAME OF HUSBAND OR WIFE Mary Hammonds, Deceased	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cor Pulmonale		INTERVAL BETWEEN ONSET AND DEATH 2 days	
DUE TO (c) arteriosclerotic cardiovascular disease		15 yrs	
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 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.	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 _____ to _____ and last saw her/him alive on _____ Death occurred at 11:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J E Ciffen		22b. ADDRESS Jefferson City	22c. DATE SIGNED 8/28/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/29/1963	23c. NAME OF CEMETERY OR CREMATORY Shirley Cemetery	23d. LOCATION (City, town, or county) Osage County, Missouri
24. FUNERAL DIRECTOR MORTON FUNERAL SERVICE, LINN, MO.		25. DATE RECD. BY LOCAL REG. 28 August 1963	26. REGISTRAR'S SIGNATURE Thomas E. Reichter

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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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn 7140

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.