

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036514

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5228 STATE FILE NUMBER

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| FILED OCT 9 1963 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | |
| 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Length of stay in 1b 4 hrs | |
| c. CITY OR TOWN Raytown Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Mem. Hospital Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. STREET ADDRESS (If outside, give location) 5912 Englewood Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Elmer Middle Austin Last Thouvenell | |
| 4. DATE OF DEATH Month Sept. Day 24 Year 1963 | |
| 5. SEX Male | 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 11-1-1920 |
| 9. AGE (last birthday) 42 | IF UNDER 1 YEAR Months 42 Days 0 Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | 10b. KIND OF BUSINESS OR INDUSTRY Painting Co. |
| 11. BIRTHPLACE (City and state or country) Kansas City, Mo. | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Joseph M. Thouvenell | 13b. MOTHER'S MAIDEN NAME Daisy Myrtle Slykes |
| 14. NAME OF HUSBAND, OR WIFE Thelma Thouvenell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) Yes WW 2 | 16. SOCIAL SECURITY NO. 37 |
| 17. INFORMANT Address Thelma Thouvenell, 5912 Englewood Raytown, MO | |
| 18. CAUSE OF DEATH (Enter only one cause of death) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction INTERVAL BETWEEN ONSET AND DEATH 2 hrs. DUE TO (b) — DUE TO (c) — Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | |
| 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 — 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 8/6/56 to 9/24/63 and last saw ^{her} him alive on 9/24/63 Death occurred at 12:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE (Degree or title) H. L. Biggs, M.D. | 22b. ADDRESS Raytown, MO |
| 22c. DATE SIGNED 9/24/63 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9-27-1963 |
| 23c. NAME OF CEMETERY OR CREMATORY Floral Hills | |
| 23d. LOCATION (City, town, or county) Kansas City, Missouri | |
| 24. FUNERAL DIRECTOR Floral Hills Funeral Home | 25. DATE RECD. BY LOCAL REG. 9-25-63 |
| 26. REGISTRAR'S SIGNATURE Bessie Smith | |
| Kansas City, Missouri. (Licensed Embalmer's Statement on Reverse Side) | |

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

H. L. Biggs MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 **7003**
3
4 **0**
5 **1**
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7 **0**
8 **2**
9 **4201**
10
11
12 **50-0**
13

Dr. Henry J. B. [unclear]
6300 [unclear]
723-1191

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 E. M. Joiner

Licensed Embalmer No. 3453

P. O. Address H. E. [unclear]

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.