

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046766

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. 6168 Registrar's No. 95

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 2 1963	
1. PLACE OF DEATH a. COUNTY <u>Stone</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>(Elsey)</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Stone</u> c. CITY OR TOWN <u>Galena</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> d. STREET ADDRESS <u>R#1</u> (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Juanita Francis Thomas</u>	
4. DATE OF DEATH Month Day Year <u>November 12 1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/3/1925</u>
9. AGE (last birthday) <u>38</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY
11a. BIRTHPLACE (City and state or country) <u>Carthage, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>A.P. Sawyer</u>	13b. MOTHER'S MAIDEN NAME <u>Eunice Sperry</u>
14. NAME OF HUSBAND OR WIFE <u>Raymond Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of ) <u>No</u>	17. INFORMANT Address <u>Raymond Thomas Galena, Mo R#1</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>Fibrosarcoma right breast</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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	
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 (s.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>12/16/58</u> to <u>11/12/63</u> and last saw her alive on <u>10/28/63</u> Death occurred at <u>7:20 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>A.P. Capetta, M.D.</u>	22b. ADDRESS <u>Crane, Missouri</u>
22c. DATE SIGNED <u>11/13/63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/14/63</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Bowling Chapel</u>	23d. LOCATION (City, town, or county) (State) <u>Stone County, Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Manlove Funeral Home, Crane, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov 21, 1963</u>
26. REGISTRAR'S SIGNATURE <u>Mary F. Stewart</u>	

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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)  
 ITEM NO. SHOULD READ  
 BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

