MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046959
STATE FILE NUMBER

Registration District No. 15 Primary Registration District No. 3004 Registrar's No. 109

FILED DEC 31 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0061
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Barton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lamar — Length of stay in 1b: 6 weeks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 703 Poplar — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barton
c. CITY OR TOWN: Milford — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: ROBERT Middle: PERRINE Last: THOMAS
4. DATE OF DEATH: Month: December Day: 15 Year: 1963
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1-24-1873
9. AGE (last birthday): 90 — 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): Blacksmith, Ret.
10b. KIND OF BUSINESS OR INDUSTRY: Blacksmith Shop
11. BIRTHPLACE (City and state or country): Maysville, Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Newton C. Thomas
13b. MOTHER'S MAIDEN NAME: Julia Crosby
14. NAME OF HUSBAND OR WIFE: Jessie Alexander
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of serv.)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Elmer Thomas Address: Milford, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic heart insufficiency — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) old age — 4 week
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Carotid Thrombosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 November 15, to Dec. 15 and last saw her/him alive on Dec. 15. 1963
Death occurred at 5 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: D. R. Guldner M.D. (Degree or title)
22b. ADDRESS: LAMAR
22c. DATE SIGNED: 12/16/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-17-1963
23c. NAME OF CEMETERY OR CREMATORY: Howell Cemetery
23d. LOCATION (City, town, or county) (State): Barton County, Missouri

24. FUNERAL DIRECTOR: Chiles Funeral Home ADDRESS: Lamar, Mo.
25. DATE RECD. BY LOCAL REG.: 12-19-1963
26. REGISTRAR'S SIGNATURE: Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Clarence N. Chiles

Signature of Student Embalmer

Licensed Embalmer No. 3473

P. O. Address Lamar 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.