

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050649

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 2

FILED JAN 8 1964

VS 300  
Rev. 4/59

1 1120

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

|   |   |   |  |
|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>WEBSTER</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>                        |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>OSBORN TWP</u> Length of stay in lb <u>2 YRS</u>  |   | c. CITY OR TOWN <u>MARSHFIELD</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  |
| c. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEBSTER Co REST HOME</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                            |  |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>FRANK THOMAS</u>  |   |   | 4. DATE OF DEATH Month Day Year<br><u>DEC 20 1963</u>  |
| 5. SEX<br><u>MALE</u>   | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>7-4-1869</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>RET BLACKSMITH</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   | 9. AGE (last Birthday) <u>94</u>   |
| 13a. FATHER'S NAME<br><u>AMOS THOMAS</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>SARAH ARNHART</u>   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of <u>NO</u> )   |   | 17. INFORMANT Address<br><u>ORVIS THOMAS SPRINGFIELD</u>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Pneumonia, Lobar</u>   |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>30 hrs.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____<br>DUE TO (c) _____   |   |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Advanced Age</u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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. 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 <u>1962 early</u> to <u>Dec 20, 1963</u> and last saw him alive on <u>Dec 20, 1963</u><br>Death occurred at <u>5:45 P</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>C.R. Macdonald, M.D.</u>   |   | 22b. ADDRESS<br><u>Marshfield, Mo.</u>  | 22c. DATE SIGNED<br><u>12/21/63</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>12-23-1963</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MARSHFIELD</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>MARSHFIELD MO</u>  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>BARBER-EDWARDS, MARSHFIELD</u>   |   | 25. DATE RECD. BY LOCAL REG.<br><u>12/21-63</u>   | 26. REGISTRAR'S SIGNATURE<br><u>J. Francis</u>   |

USE BLACK INK OR TYPEWRITER RIBBON



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1120  
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MR. J. B. BARKER  
1120

**STATEMENT BY LICENSED EMBALMER**

80-0

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 Bob Davis

Licensed Embalmer No. 5276

P. O. Address Mrs. Brown, 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.