

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66-0022497

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 336 Primary Registration District No. 6128 Registrar's No. 316

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1010
2 1010
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4 0
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9 157X
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12 90-9
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED MAY 31 1966</p> <p>1. PLACE OF DEATH a. COUNTY <u>Shannon</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Eminence</u> Length of stay in 1b _____</p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Shannon</u></p> <p>c. CITY OR TOWN <u>Eminence</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First <u>Sidney</u> Middle <u>Thomas</u> Last _____</p>		<p>4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1966</u></p>	
<p>5. SEX <u>M</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>5/9/87</u></p>
<p>9. AGE (last birthday) <u>79</u></p>		<p>10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u></p>	<p>11. BIRTHPLACE (City and state or country) <u>Eminence, Mo.</u></p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY _____</p>	<p>12. CITIZEN OF WHAT COUNTRY <u>USA</u></p>
<p>13a. FATHER'S NAME <u>Joe Thomas</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Eveline Burns</u></p>	
<p>14. NAME OF HUSBAND OR WIFE <u>Eva Caylor</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u></p>	
<p>16. SOCIAL SECURITY NO. <u>Yes</u></p>		<p>17. INFORMANT <u>Eva Caylor</u> Address <u>Eminence, Mo.</u></p>	
<p>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>Carcinoma of Pancreas</u></p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p> <p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____</p>			<p>INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u></p>
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____</p>			
<p>20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____</p>		<p>20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____</p>	
<p>21. I attended the deceased from <u>on May 14, 1966</u> and last saw her/him alive on <u>May 14, 1966</u> Death occurred at <u>7 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE <u>Denton Wilson, D.O.</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Eminence, Mo.</u></p>	
<p>22c. DATE SIGNED <u>5-20-66</u></p>		<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>	
<p>23b. DATE <u>5/16/66</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u></p>	
<p>23d. LOCATION (City, town, or county) <u>Eminence, Missouri</u> (State)</p>		<p>24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn. View, Mo.</u> ADDRESS _____</p>	
<p>25. DATE RECD. BY LOCAL REG. <u>May 27 66</u></p>		<p>26. REGISTRAR'S SIGNATURE <u>Maude Ralli</u></p>	

USE BLACK INK OR TYPEWRITER RIBBON

JUN 1 1966

Permit-0025

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Statement of Embalmer

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 *Jerry Herb Carson*
Licensed Embalmer No. 5358

P.O. Address *Mtn. View, 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.

May 14, 1966

May 14, 1966

21-5-66

William W. ...