S. No. 2
I—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14140

Registration District No. 291 Primary Registration District No. 5996 Registrar's No. 24

1. PLACE OF DEATH:

(a) County Putnam

(b) City or town Unionville (Rural) Union Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Putnam 86

(c) City or town Unionville (Rural) Union Township
(If outside city or town limits, write "RURAL")

(d) Street No. Unionville Rt 6.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Thomas Ottis Probasco

3. (b) If veteran, name war World War I

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mabel Probasco

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July (Month) 1 (Day) 1887 (Year)

8. AGE: Years 58 Months 8 Days 22 If less than one day ..... hr. ..... min.

9. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name John W. Probasco
13. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Martha Francis McCollum
15. Birthplace Putnam Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mabel Probasco
(b) Address Unionville, Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Unionville Cemetery

18. (a) Signature of funeral director Comstock Funeral Home
(b) Address Unionville, Mo By John D. Comstock

19. (a) 3-30-46 (Date received local registrar) (b) Marvell D. Durham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 18, 1946 to March 23, 1946 that I last saw him alive on March 23, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary occlusion	20 minutes
Due to Arteriosclerosis & hypertension	8 years
Due to Chronic glomerulo-nephritis	3 years
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy B/R	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) .....
(b) Date of occurrence .....
(c) Where did injury occur? ..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Chas. L. Judd (M. D. or other) D.O.
Address Unionville Mo Date signed 3-24-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13043

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(Licensed Embalmer's Statement on Reverse Side)

SEP 18 1958

JUN 9 1947

APR 26 1946

MAY 16 1947

RECEIVED
District Health Officer No. 10
District File Number 4-46-827
Date Filed APR 22 1946

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 .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891

P. O. Address Fredericktown, 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 this body is not embalmed, fact should be so stated above.