

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10886**

FILED JAN 7 1949

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 3047 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY <b>Newton</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Neosho</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Goodman</b>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sale Memorial Hospital</b>			
3. NAME OF DECEASED a. (First) <b>Thomas</b> b. (Middle) _____ c. (Last) <b>Holmes</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1948</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>March 23, 1889</b>
9. AGE (In years last birthday) <b>59</b>		10. MONTHS <b>9</b>	11. DAYS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Rapohoe, Douglass Co., Ireland</b>
12. CITIZEN OF WHAT COUNTRY? <b>Nat. U.S.A.</b>			
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>None</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. (If res. give war or dates of service) <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>From personal Records</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>93D</b>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CHR. MYOCARDITIS</b> INTERVAL BETWEEN ONSET AND DEATH <b>1 YEAR</b> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>C</b>	
22. I hereby certify that I attended the deceased from <b>25 DEC, 1948</b> , to <b>28 DEC, 1948</b> , that I last saw the deceased alive on <b>28 DEC, 1948</b> , and that death occurred at <b>4 A.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>L. J. Taylor M.D.</b>		23b. ADDRESS <b>Neosho MO</b>	23c. DATE SIGNED <b>31 Dec 48</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 30, 1948</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Goodman, Howard Cemetary</b>	24d. LOCATION (City, town, or county) (State) <b>Goodman Missouri</b>
DATE REC'D BY LOCAL REG. <b>Jan. 1, 1949</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Borman</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John B. Papineau</b>	ADDRESS <b>Goodman, Missouri</b>

RECEIVED  
NEWTON & HEATH  
149-10  
Date Filed 1-5-49

**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.

Signed John B. Papineau  
Licensed Embalmer No. 4446

Signed.....  
Student Embalmer

P. O. Address Goodman 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.