

FILED JAN 27 1949

THE DIVISION OF HEALTH OF MASSACHUSETTS  
STANDARD CERTIFICATE OF DEATH

State File No. 1706

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5629</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Ma</u> b. COUNTY <u>Laclede</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hooker T.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hooker T.</u>		53	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Prosperine 1</u>				d. STREET ADDRESS (If rural, give location) <u>Prosperine Jan. 13 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Nicholas</u>		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13 1949</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>		8. DATE OF BIRTH <u>March 28 1869</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>South Wales 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Ida Ircave Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>William H. Thomas Prosperine</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</u>				<u>4 days</u>	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Hypertension</u>				<u>10-12 yrs</u>	
		DUE TO (c) <u>33</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocardial insufficiency</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>10</u>				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) <u>Lebanon Laclede, Ma.</u>			
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?			
22. I hereby certify that I attended the deceased from <u>November 19 49</u> , to <u>Jan 12, 1949</u> , that I last saw the deceased alive on <u>Jan 12, 1949</u> , and that death occurred at <u>11:45 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Froelich M.D.</u>				23b. ADDRESS <u>Lebanon, Mo.</u>		23c. DATE SIGNED <u>1/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prosperine Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 18-49</u>		REGISTRAR'S SIGNATURE <u>Francis B. Longy</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Palmer's Lebanon, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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.....

*Margaret Ruth Allen*

Student Embalmer No. *295*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard L. Palmer*

Licensed Embalmer No. *4595*

P. O. Address *Lebanon, 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.