

FILED APR 29 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 14673

BIRTH NO. ~~15~~ REG. DIST. NO. ~~B246~~ PRIMARY REG. DIST. NO. ~~6242~~ Registrar's No. ~~21~~

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Kingston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Old Mines (Rural) Kingston</u>	
c. LENGTH OF STAY (in this place) <u>53</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Simon</u> c. (Last) <u>RECAR</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>6-3-1896</u>		9. AGE (In years last birthday) <u>52</u>		10. IF UNDER 1 YEAR Hours Min. <u>10 18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINING</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARITE</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Joseph RECAR</u>		13b. MOTHER'S MAIDEN NAME <u>MARY Mercille Bessie S. RECAR</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Recar</u> ADDRESS <u>Cadet R./mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lungs</u>		DUPLICATE				
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Anthema</u>				
		DUE TO (c) <u>+ myocarditis</u>				
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 <u>1024</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?		

22. I hereby certify that I attended the deceased from 6/1, 1942 to 4/21, 1949 that I last saw the deceased alive on 4/18, 1949 and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE <u>H. H. ...</u> (Degree or title)		23b. ADDRESS <u>Retard Mo.</u>		23c. DATE SIGNED <u>4/21/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-22-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOACHIM'S CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer</u>		24f. ADDRESS <u>Funeral Home Polos, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/22/49</u>		REGISTRAR'S SIGNATURE <u>Herbert ...</u>		403	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

1th Officer No. 4

449-

4-28

MAY 3 1949

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 .....  
Student Embalmer

Signed Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Proctor, 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.