

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16722

State File No.

BIRTH NO. REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 5827 Registrar's No. 19

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twsp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lewis Twsp.</u> | |
| c. LENGTH OF STAY (In this place) <u>6 yrs</u> | | 72 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lilbourn Project</u> | | d. STREET ADDRESS (If rural, give location) <u>Lilbourn Project</u> | |

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|--|-------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Percy</u> | b. (Middle) | c. (Last) <u>Thomas</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 30 1949</u> |
|--|-------------|-------------------------|---|

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|--------------------|---------------------------------|---|--------------------------------------|---|--|-------------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>March 2 1890</u> | 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>2</u> Days <u>28</u> | IF UNDER 2 HRS. Hours <u>1</u> Min. |
|--------------------|---------------------------------|---|--------------------------------------|---|--|-------------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Jefferson Co. Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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|---------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME <u>L.B. Thomas</u> | 13b. MOTHER'S MAIDEN NAME <u>Octavia Anderson</u> | 14. NAME OF HUSBAND OR WIFE |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Thomas</u> ADDRESS <u>Lilbourn, Missouri.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u> | | <u>2 1/2 weeks</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>bc 2x</u> |

| | | |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) |
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| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 May 15, 1948, to May 30, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 2 P.M., from the causes and on the date stated above.

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|--|---------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Wanda McRaven M.D.</u> | 23b. ADDRESS <u>Waverly 200</u> | 23c. DATE SIGNED <u>June 1 1949</u> |
|--|---------------------------------|-------------------------------------|

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|---|------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>June 2 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sand Hill Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>New Madrid, Missouri.</u> |
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| DATE REC'D BY LOCAL REG. <u>June 2 1949</u> | REGISTRAR'S SIGNATURE <u>H.L. Ponder Deputy</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Ponder Funeral Home</u> ADDRESS <u>Lilbourn, Mo.</u> |
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RECEIVED

District Health Office No. 2,

District File Number 649-650

Date Filed 6-7-49

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.

Student

Student Embalmer

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address Lilbourn, 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.