

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19032

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 4155 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u>	
c. LENGTH OF STAY (in this place) <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>EVERTON R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EVERTON R#1</u>		d. STREET ADDRESS (If rural, give location) <u>EVERTON R#1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CAMDEN</u>		b. (Middle) <u>WIND</u>	
		c. (Last) <u>THOMASON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 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>December 2, 1889</u>
9. AGE (In years last birthday) <u>59</u>		10. MONTHS <u>6</u>	11. DAYS <u>19</u>
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 <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co. Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>J. C. THOMASON</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Brown</u>	
		14. NAME OF HUSBAND OR WIFE <u>JERLIE Edith THOMASON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
		17. INFORMANT'S SIGNATURE OR NAME <u>JERLIE Edith THOMASON</u> ADDRESS <u>Everton Mo</u>	

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, asthenia, 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>Coronary Occlusion</u>		DUE TO (b) <u>Coronary Occlusion</u>		4201
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
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?	

22. I hereby certify that I attended the deceased from June 21, 1949, to June 21, 1949, that I last saw the deceased alive on June 21, 1949, and that death occurred at 9:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. V. Stapp J. D. No</u>		23b. ADDRESS <u>Everton Mo</u>		23c. DATE SIGNED <u>6-27-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 27, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-29-49</u>	REGISTRAR'S SIGNATURE <u>Geo. L. Weir</u>	790	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Bunn</u> ADDRESS <u>Cash Grove Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

29

0  
0

RECEIVED

District Health Officer No. 6,

District File Number 749-75-9

Date Filed 7-5-49

---

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.

Student .....  
Student Embalmer

Signed Warren D. Dobbelt

Licensed Embalmer No. 4005

P. O. Address Ash Grove 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.