

No. 300
10.48

FILED JUL 13 1949

STANDARD CERTIFICATE OF DEATH

20063
State File No.

BIRTH NO. 35685-49 REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chilhowee</u>	
c. LENGTH OF STAY (In this place) <u>11 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>Warrensburg Hospital & Clinic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Not named</u>	b. (Middle) <u>0</u>	c. (Last) <u>Thomason</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>July 2 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>July 1, 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 WEEK Hours	IF UNDER 1 MIN. Min.
							<u>11</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Warrensburg Hosp. & Clinic, Inc.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
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13a. FATHER'S NAME <u>Cecil E. Thomason</u>	13b. MOTHER'S MAIDEN NAME <u>Margorie F. Shultz</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Cecil Thomason</u>	ADDRESS <u>Chilhowee, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>11 hrs</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.		

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?
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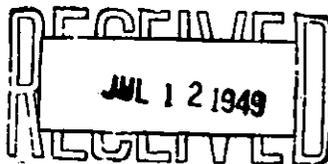
22. I hereby certify that I attended the deceased from July 1, 1949, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 8:15A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Clinton H. Hilcoff</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>July 2, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/2/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chilhowee</u>	24d. LOCATION (City, town, or county) (State) <u>Chilhowee, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>July 8, 1949</u>	REGISTRAR'S SIGNATURE <u>Sarannek Cutchfield</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. COOK</u>	ADDRESS <u>Chilhowee, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



JOHNSON COUNTY HEALTH DEPT.

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 _____

J. W. Cook

Signed _____
Student Embalmer

Licensed Embalmer No. _____

4355

P. O. Address _____

Chilhowee, 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.