

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **22506**

No. 300
10.48
FILED AUG 2 1949

BIRTH NO. _____ REG. DIST. NO. **87** PRIMARY REG. DIST. NO. **5092** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Lone Oak		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural R.F.D. #5 Lone Oak	
c. LENGTH OF STAY (in this place) 86 yrs		d. STREET ADDRESS (If rural, give location) R.F.D. #5 Butler, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D. #5 Butler, Mo.		d. STREET ADDRESS (If rural, give location) R.F.D. #5 Butler, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) W. c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) July 25, 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-17-1861	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Days 8 Hours 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Kansas	
13a. FATHER'S NAME John Thomas		13b. MOTHER'S MAIDEN NAME Hannah Mayfield		14. NAME OF HUSBAND OR WIFE Blanch Thomas	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. E.E. Eckles Butler, Mo.	
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 1/2 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Arteriosclerosis DUE TO (c) Chronic Nephritis		
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 May 1938, to July 8, 1949, that I last saw the deceased alive on July 8, 1949, and that death occurred at 7:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. E. D. LaFleur, M.D.	23b. ADDRESS Butler, Mo.	23c. DATE SIGNED 7-27-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-27-49	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) Bates Co.		(State) Missouri

DATE REC'D BY LOCAL REG. July 27-49	REGISTRAR'S SIGNATURE Kenneth H. ...	17	25. FUNERAL DIRECTOR'S SIGNATURE Clayton V. ...	ADDRESS Butler Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer N

District File Number 7492

Date Filed 8-1-49

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 John G Underwood
Licensed Embalmer No. 3585
P. O. Address Butler and

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.