

S. No. 300
v. 10-48

FILED AUG 8 1949

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

25831

State File No.

BIRTH NO. _____ REG. DIST. NO. 302 PRIMARY REG. DIST. NO. 6189 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Rural Caney Creek</u>		c. CITY OR TOWN <u>Rural Caney Creek</u>	
c. LENGTH OF STAY (in this place) <u>years</u>		d. STREET ADDRESS (If rural, give location) <u>Kissee Mills</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kissee Mills Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Kissee Mills</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) <u>Adam</u>	
		c. (Last) <u>Thomas</u>	
		4. DATE OF DEATH (Month) (Day) (Year) <u>July 22 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>JAN. 24, 1919</u>
		9. AGE (in years last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>18</u>
		IF UNDER 24 HRS. Hours _____ Min. _____	
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>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma</u>
		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>	
13a. FATHER'S NAME <u>J. M. Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Ethel Kissee</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Thomas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes. WW II</u>		16. SOCIAL SECURITY NO. <u>WW II</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Dora Thomas</u> ADDRESS <u>K. 5509 Kissee Mills Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart attack</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
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)	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 <u>July 22, 1949</u> , to <u>July 22, 1949</u> , that I last saw the deceased <u>live on July 22, 1949</u> and that death occurred at <u>11:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>HARRY HASKYTH Coronar Physician</u>		23b. ADDRESS <u>MO</u>	23c. DATE SIGNED <u>7-22-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 24, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Branson Mo</u>
DATE REC'D BY LOCAL REG <u>Aug 25 1949</u>	REGISTRAR'S SIGNATURE <u>J.E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Joragth</u>	ADDRESS <u>Funeral Home Joragth, Mo</u>

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

RECEIVED AUG 1 1949
District Health Office No. 67
District File Number 949-883
Date Filed 8-3-49

AUG 25 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 Missie L. Whelchel

Licensed Embalmer No. 2277

P. O. Address Brunson, 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.