

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35891

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. _____

| | | | |
|---|---------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>St Louis</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Macon</i> | |
| b. CITY OR TOWN <i>Rural</i> (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place) <i>10 mo.</i> | | c. CITY OR TOWN <i>Rural</i> (If outside corporate limits, write RURAL and give township) | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Mt. St. Rose Sanatorium</i> (If not in hospital or institution, give street address or location) | | d. STREET ADDRESS (If rural, give location) <i>1</i> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <i>Thomas</i> b. (Middle) <i>P</i> c. (Last) <i>Harold</i> | | | 4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 2 1949</i> |
| 5. SEX <i>M O W</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i> | 8. DATE OF BIRTH <i>July 23 1880</i> |
| 9. AGE (in years last birthday) <i>69</i> | | 10. MONTHS <i>2</i> | 11. DAYS <i>9</i> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired railroader</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <i>Macon, Mo</i> |
| 12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i> | | 13a. FATHER'S NAME <i>Thomas Harold</i> | |
| 13b. MOTHER'S MAIDEN NAME <i>Ellen Driscoll</i> | | 14. NAME OF HUSBAND OR WIFE <i>Mary</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <i>703-01-2175</i> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Earl Brumback, St Louis Mo</i> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arthur's Pulm Tub</i> INTERVAL BETWEEN ONSET AND DEATH <i>Mar 14/49</i> *This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death. 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 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 <i>11-30</i> , 19 <i>48</i> , to <i>10-1-</i> , 19 <i>49</i> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <i>Archie C. Hunsicker, M.D.</i> | | 23b. ADDRESS <i>607 No Grand</i> | |
| 23c. DATE SIGNED <i>10/6/49</i> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24b. DATE <i>10-5-49</i> | |
| 24c. NAME OF CEMETERY OR CREMATORY <i>St Mary's</i> | | 24d. LOCATION (City, town, or county) (State) <i>Macon Mo</i> | |
| DATE REC'D BY LOCAL REG. <i>11-15-49</i> | | REGISTRAR'S SIGNATURE <i>Herbert R. Dornick</i> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <i>Stephens & Gooding</i> | | ADDRESS <i>Macon</i> | |

HS (Licensed Embalmer's Statement on Reverse Side)

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

2024 4/1 10:11

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

George W. Davalt

Student Embalmer No. 347

working under my personal supervision.

Signed George W. Davalt
Student Embalmer

Signed C. L. Stephens

Licensed Embalmer No. 3059

P. O. Address Macon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.