

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37826**

FILED DEC 2 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>5644</u>		Registrar's No. <u>82</u>	
1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEXINGTON</u>		d. STREET ADDRESS (If rural, give location) <u>RURAL</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u>				d. STREET ADDRESS (If rural, give location) <u>RURAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEO.</u> b. (Middle) <u>WM</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 14 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. 30, 1901</u>	
9. AGE (In years last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>14</u>		IF UNDER 2 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COAL MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>LEXINGTON, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>ZACH THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>MINNIE BEARD</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE E. HAUSE</u>			
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>81-16-9703</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>FLORENCE E. THOMAS, LEX., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</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) <u>Had been dead about</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>twenty or thirty minutes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4:00</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>no doctor arrived</u>				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>14 Nov 49</u> , 19 <u>49</u> , to <u>dead when arrived</u> , that I last saw the deceased alive on <u>11/15/49</u> , 19 <u>49</u> , and that death occurred at <u>6:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Forrest F. Temple</u>				23b. ADDRESS <u>Lexington Mo</u>		23c. DATE SIGNED <u>11/15/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/17/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MACHPELAH</u>		24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u>	
DATE REC'D BY LOCAL REG. <u>11/29/49</u>		REGISTRAR'S SIGNATURE <u>M. E. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>FORREST F. TEMPLE</u>		ADDRESS <u>LEX., MO</u>	

Was

RECEIVED DEC 1

District Health Officer No. _____

District File Number _____

Date Filed 12-1-49

DEC 31 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.

Signed [Signature]

Signed _____
Student Embalmer

Licensed Embalmer No. 2983

P. O. Address Levington, Pa

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.