

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40771

State File No. _____ Registrar's No. 45

BIRTH NO. 13700-49 REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4190

1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAND</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BLAND</u>	
c. LENGTH OF STAY (In this place) <u>8 MONTHS</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DENNIS</u>	b. (Middle) <u>ALLAN</u>	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>12 8 1949</u>

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>MARCH 25, 1949</u>	9. AGE (In years last birthday)	if UNDER 1 YEAR	if UNDER 1 YEAR	if UNDER 1 YEAR
				<u>8</u>	Months	Days	Hours
					<u>13</u>		Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>✓</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>WASHINGTON, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JERRY F. THOMAS</u>	13b. MOTHER'S MAIDEN NAME <u>WANDA LEE DANUSER THOMAS</u>	14. NAME OF HUSBAND OR WIFE <u>✓</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>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JERRY F. THOMAS</u>	ADDRESS <u>BLAND, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUP</u>		INTERVAL BETWEEN ONSET AND DEATH.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>		
	DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			<u>474X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>✓</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>
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22. I hereby certify that I attended the deceased from 12-7, 1949, to 12-8, 1949 that I last saw the deceased alive on _____, 19____, and that death occurred at _____, from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)	23b. ADDRESS <u>BLAND Mo</u>	23c. DATE SIGNED <u>12-9-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12-10-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ev. Cem. (BLAND)</u>	24d. LOCATION (City, town, or county) (State) <u>BLAND Mo</u>
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DATE REC'D BY LOCAL REG. <u>12-22-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	363	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>OWENSVILLE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DEC 27 1919
District Health Officer No. 9,
District File Number

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 me

..... Student Embalmer No.
working under my personal supervision.

Signed
Student Embalmer

Signed Melford H. H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.