

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1711

592

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 18

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

1. PLACE OF DEATH a. COUNTY LIVINGSTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO. b. COUNTY DAVIESS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CHILLICOTHE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JAMESPORT, MO.	
c. LENGTH OF STAY (If this place) 5 days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe City Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) MARION c. (Last) THOMLINSON			4. DATE OF DEATH (Month) (Day) (Year) JAN. 23 1950		
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5. SEX M	6. COLOR OR RACE WHITE	7. PREVIOUS MARRIAGE WIDOWED, DIVORCED (Specify) 9	8. DATE OF BIRTH JUNE 5 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 18	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SMELTER	10b. KIND OF BUSINESS OR INDUSTRY FOUNDRY WORK	11. BIRTHPLACE (State or foreign country) GRANBY MO. D	12. CITIZEN OF WHAT COUNTRY? AM.
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13a. FATHER'S NAME H. M. THOMLINSON	13b. MOTHER'S MAIDEN NAME MALINDA SHORT	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) 2	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME R. H. Thomlinson ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Suppurative		
	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. Cirrhosis of liver		4 22 2	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-18**, 19**50**, to **1-23**, 19**50**, that I last saw the deceased alive on **1-23**, 19**50**, and that death occurred at **2:45 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph F. Galy (Degree or title) Emd. Chillicothe Mo	23b. ADDRESS _____	23c. DATE SIGNED 1-23-50
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24a. BURIAL OR CREMATION (Specify)	24b. DATE 1-25-50	24c. NAME OF CEMETERY OR CREMATORY Clear Creek	24d. LOCATION (City, town, or county) (State) Davies Co Mo
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DATE REC'D BY LOCAL REG. Jan-23-50	REGISTRAR'S SIGNATURE Frances B Neel	25. FUNERAL DIRECTOR'S SIGNATURE Rollin L. Richardson ADDRESS Mo
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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 *Rollin L. Richardson*

Licensed Embalmer No. 4715

P. O. Address *Jewett, 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.