

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1927

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885 Registrar's No. 5

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Ozark</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Romance, Rural, Barrethfork</u> | c. LENGTH OF STAY (in this place township) <u>60 yrs</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Romance, Rural, Barrenfork TWP</u>                                |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ozark Co., Barrenfork TWP</u>                            |  | d. STREET ADDRESS (If rural, give location) <u>Ozark Co., Barrenfork Twp</u>  |  |

|  |                           |                         |  |
|--|---------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>William H. D.</u> | b. (Middle) <u>Thomas</u> | c. (Last) <u>Thomas</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 9, 1950</u> |
|--|---------------------------|-------------------------|--|

|                    |                               |   |                                      |   |                                 |  |
|--------------------|-------------------------------|---|--------------------------------------|---|---------------------------------|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 7, 1953</u> | 9. AGE (In years last birthday) <u>96</u> | IF UNDER 1 YEAR Months <u>1</u> | IF UNDER 24 HRS. Days <u>2</u> Hours <u>2</u> 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>Springfield, Tenn.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|--|---|--|

|  |  |   |
|--|--|---|
| 13a. FATHER'S NAME <u>John Archie Thomas</u> | 13b. MOTHER'S MAIDEN NAME <u>Nancy Ruffins</u> | 14. NAME OF HUSBAND OR WIFE <u>Mary Loftis Thomas</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>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nancy Naugle</u> | ADDRESS <u>Romance, Mo</u> |
|--|-------------------------------------|---|----------------------------|

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart failure</u>  |  | INTERVAL BETWEEN ONSET AND DEATH   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Old age</u> |  |  |
|  | DUE TO (c) <u>Hip fracture from fall 1 year ago.</u>   |  |  |
| 19a. DATE OF OPERATION   | 19b. MAJOR FINDINGS OF OPERATION   |  | 20. AUTOPSY?<br>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 March, 1948, to Jan 1, 1950, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

|  |                               |                                   |
|--|-------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>W. H. Thomas, M.D.</u> | 23b. ADDRESS <u>Avon, Mo.</u> | 23c. DATE SIGNED <u>Jan 12/50</u> |
|--|-------------------------------|-----------------------------------|

|   |                              |   |  |
|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan-12-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Franklin Grove Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near Romance, Ozark Co., Mo</u> |
|---|------------------------------|---|--|

|   |  |  |  |
|---|--|--|--|
| DATE REC'D BY LOCAL REG. <u>1-13-50</u> | REGISTRAR'S SIGNATURE <u>William Cogwell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint King</u> | ADDRESS <u>Funeral Home Lawrenceville Missouri</u> |
|---|--|--|--|

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

0770

0770

RECEIVED JAN 16 1950  
District Health Office No. 6,  
District File Number 150-86  
Date Filed 1-19-50

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 Chuter P. Roof \_\_\_\_\_

Licensed Embalmer No. 3084

P. O. Address Gainesville 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.