

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4006

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5130 Registrar's No. 234

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Rush Twsp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>Entire Life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route #2, Rushville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 2, Rushville</u>		e. CITY OR TOWN <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Levi</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26, 1950</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>Oct. 18, 1870</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Days _____ IF UNDER 1 MIN. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug Company</u>		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Thomas Larkin Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Nance Pace</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>513-05-2988</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Levi Thomas, Rushville, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy, multiple, severe</u>		<u>Cerebral Apoplexy, multiple, severe</u>		<u>4 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) <u>Cerebral sclerosis-chronic fibrous (myocardosis)</u> years		DUE TO (c) <u>Hypertension - arteriosclerosis</u> years			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		<u>4/3/50</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 2-2-, 1946, to 2-26-, 1950, that I last saw the deceased alive on 2-25-, 1950, and that death occurred at 8-15A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wayne O. Wallace M.D.</u>		23b. ADDRESS <u>114 S. 7th. Atchison, Kans.</u>		23c. DATE SIGNED <u>2-27-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 28, 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>	
				24d. LOCATION (City, town, or county) (State) <u>Rushville Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 2, 1950</u>		REGISTRAR'S SIGNATURE <u>G. B. Jenkins</u> 382		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sawin-Douglass</u> ADDRESS <u>Atchison, Kan.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**STATEMENT BY LICENSED EMBALMER**

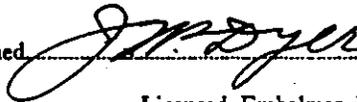
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 4320

P. O. Address Atchison, Kan

**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.