

FILED MAR 22 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7886**  
Registrar's No. **87**

0142  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008**

1. PLACE OF DEATH a. COUNTY <b>CALLAWAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CALLAWAY</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON</b>	
c. LENGTH OF STAY (In this place) <b>24 HRS.</b>		d. STREET ADDRESS (If rural, give location) <b>COURT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <b>CALLAWAY HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>HERBERT</b> c. (Last) <b>THOMAS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR 15 1950</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>AUG 27 1878</b>	9. AGE (In years last birthday) <b>71</b> Months <b>6</b> Days <b>18</b>	IF UNDER 1 YEAR Hours _____ Min. _____	IF UNDER 1 YEAR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>H. A. CLEAR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FAEIGHT AGENT</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>GEORGE THOMAS</b>	13b. MOTHER'S MAIDEN NAME <b>ELVINA GINGAICH</b>	14. NAME OF HUSBAND OR WIFE <b>EMMA THOMAS</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	(If yes, give war or dates of service) <b>NONE</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Earl Potts, Fulton, Mo.</b>	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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>prostatic Carcinoma</b>		<b>2 yrs</b>
	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.			<b>177X</b>

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	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) _____	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 **June 13, 1949**, to **Mar 15, 1950**, that I last saw the deceased alive on **Mar 15, 1950**, and that death occurred at **1:15 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Lloyd E. Hutchins, D.O.</b> (Degree or title)	23b. ADDRESS <b>Fulton, Missouri</b>	23c. DATE SIGNED <b>3/16/1950</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Mar 17 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HILL CREST</b>	24d. LOCATION (City, town, or county) (State) <b>FULTON, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 18 1950</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426	25. FUNERAL DIRECTOR'S SIGNATURE <b>Margie Funeral Home, Fulton, Mo.</b>	ADDRESS _____
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MAR 27 1950

District File Number  
District Health Officer No. 9,

RECEIVED . MAR 20 1950

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

working under my personal supervision.

Student Embalmer No. ....

Signed

*Walter J. Haines, Jr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4557*

P. O. Address *Fulton, Md.*

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.