

FILED APR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11885

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5092 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BUTLER-LONE OAK</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R+D-BUTLER-0070</u>	
c. LENGTH OF STAY (in this place) <u>17MO</u>		d. STREET ADDRESS (If rural, give location) <u>LONE OAK TWP-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RED #5-</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR-8-1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG-14-1870</u>
9. AGE (In years last birthday) <u>79</u>	if UNDER 1 YEAR Months <u>8</u> Days <u>24</u>	if UNDER 2 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>GARNETT KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>ISSAC OSBORNE</u>	13b. MOTHER'S MAIDEN NAME <u>LUCINDA MILLER</u>	14. NAME OF HUSBAND OR WIFE <u>OBIDIAH THOMAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George Thomas - Butler MO-</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MEDICAL CERTIFICATION</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.			
II. OTHER SIGNIFICANT CONDITIONS Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) _____ DUE TO (c) _____ Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</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) (Min.)	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 <u>May 1940</u> , to <u>April 8, 1950</u> , that I last saw the deceased alive on <u>March 10, 1950</u> , and that death occurred at <u>8:30 Pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L. S. Lathrop, M.D.</u> (Degree or title)		23b. ADDRESS <u>Butler, MO.</u>	23c. DATE SIGNED <u>4-10-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-10-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN VALLEY</u>	24d. LOCATION (City, town, or county) (State) <u>PLEASANTON - KANSAS</u>
DATE REC'D BY LOCAL REG. <u>APR/10/50</u>	REGISTRAR'S SIGNATURE <u>Rendell Murray</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John L. Henderson</u>	ADDRESS <u>Butler MO</u>

(Licensed Embalmer's Statement on Reverse Side)

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

APR 28 1950

RECEIVED

District Health Officer No. 7,

District File Number 3-50-416

Date Filed 4-29-50

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 Heran H Hill

Licensed Embalmer No. 4743

P. O. Address Butler, Missouri

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.