

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11930**

FILED APR 19 1950

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>105</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>804 Pannell St.</u>				d. STREET ADDRESS (If rural, give location) <u>804 Pannell St.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>JOHN</u>		b. (Middle) <u>THOMAS</u>		c. (Last) <u>TOMLIN</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 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>April 15, 1885</u>	
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Arthur Tomlin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary (unknown)</u>			14. NAME OF HUSBAND OR WIFE <u>Denver Davis Tomlin</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>486-12-2645</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John Thomas Tomlin, Columbia, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION <u>Myocardial</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3-5-50</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>/Pulmonary Tuberculosis</u>		Decompensation					1-31-50
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Dropsy</u>					Years
		DUE TO (c) <u>Pulmonary Tuberculosis</u>					1002x
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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 <u>11-25-</u> , 19 <u>49</u> , to <u>April 1, 1950</u> , that I last saw the deceased alive on <u>April 1, 1950</u> , and that death occurred at <u>5:00A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Signature or title) <u>Walter Sparks D.O.</u>				23b. ADDRESS <u>Columbia, Missouri</u>		23c. DATE SIGNED <u>4-4-50</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 4, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boone County, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>April 4 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parsons Funeral Service Columbia, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

District File Number
District Health Officer No. 91

RECEIVED
APR 11 1950
APR 11 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 *M. V. Whitman*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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.