

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12096

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 4052 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agency Town		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Agency Town	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0			

3. NAME OF DECEASED (Type or Print)			a. (First) Harry			b. (Middle) Benjamin			c. (Last) Thomson			4. DATE OF DEATH (Month) (Day) (Year) April 9, 1950			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 25, 1888		9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Months 5		IF UNDER 24 HRS. Days 14		IF UNDER 1 MIN. Hours 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired carpenter				10b. KIND OF BUSINESS OR INDUSTRY Bldg. construction				11. BIRTHPLACE (State or foreign country) Agency, Missouri				12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Charles Thomson			13b. MOTHER'S MAIDEN NAME Ella Ditmars			14. NAME OF HUSBAND OR WIFE Ella Thomson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none			17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella Thomson, Agency, Missouri			ADDRESS Agency, Missouri		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis about 1 year ago. I last saw him about 3 mo ago. He died suddenly April 9-1950. probably coronary embolism						INTERVAL BETWEEN ONSET AND DEATH 1 yr 9 mo	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) general arteriosclerosis						II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4321	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no 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 **April 10, 1948**, to **April 9, 1950**, that I last saw the deceased alive on **3 mo ago, 19**, and that death occurred at **11:15 P m.**, from the causes and, on the date stated above.

23a. SIGNATURE St. M. McNeely M.D.		(Degree or title)		23b. ADDRESS Saint Joseph 8: mo		23c. DATE SIGNED 4-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-11-1950		24c. NAME OF CEMETERY OR CREMATORY Agency Mo., Cemetery		24d. LOCATION (City, town, or county) (State) Agency, Missouri	

DATE REC'D BY LOCAL REG. April 17, 1950		REGISTRAR'S SIGNATURE G. C. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE Walter Roman		ADDRESS St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0110

W. J. E. McElenny
York City

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.

Signed Eugene Wood

Signed _____
Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St Joseph

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.