

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22735

BIRTH NO. REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Benton		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Mo b. COUNTY Benton	
b. CITY OR TOWN Rural WHITE Twp.	c. LENGTH OF STAY (to this place) 4 yrs	c. CITY (If outside corporate limits, write RURAL and give township) Windsor Rural White Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION none		d. STREET ADDRESS (If rural, give location) 10 Miles to Windsor Mo	

3. NAME OF DECEASED (Type or Print) Julia	a. (First) A	b. (Middle)	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year) August I 1950
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Oct. 24 1862	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 6	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Versailles Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Kirk Wells	13b. MOTHER'S MAIDEN NAME Harrison	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT'S SIGNATURE OR NAME Charley Thomas	ADDRESS Sedalia Mo.
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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, asthenia, 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) Chronic myocarditis		
	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. Serility		4 2 2 7	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 1, 1950, to Aug 1, 1950, that I last saw the deceased alive on July 31, 1950, and that death occurred at 3 P m., from the causes and on the date stated above.

23a. SIGNATURE Ray B. Gordon	(Degree or title)	23b. ADDRESS Windsor Mo	23c. DATE SIGNED 8-2-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 3 1950	24c. NAME OF CEMETERY OR CREMATORY Englewood cemetery	24d. LOCATION (City, town, or county) (State) Clinton Mo.
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DATE REC'D BY LOCAL REG. Aug 5, 1950	REGISTRAR'S SIGNATURE 8 H. Eichhoff	25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson	ADDRESS Clinton
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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AUG 30 1950

RECEIVED 8/8/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8/8/50

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 *Fred Wilkinson*

Licensed Embalmer No. 2478

P. O. Address *Clinton M.*

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.