S. No. 300
v. 10.48

FILED AUG 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23053

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 4110 Registrar's No. 46

0210

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

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9th + Maple Sts.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Chariton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salisbury 0210
d. STREET ADDRESS (If rural, give location): 9th + Maple Streets

3. NAME OF DECEASED (Type or Print)
a. (First): Everett
b. (Middle): Mervel
c. (Last): Thomson

4. DATE OF DEATH (Month) July (Day) 25 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 5 1868
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 7, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Martin B. Thomson
13b. MOTHER'S MAIDEN NAME: Laura Tullis
14. NAME OF HUSBAND OR WIFE: Effie Brisbin Thomson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Effie Thomson — ADDRESS: Salisbury Mo.

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)	Coronary thrombosis	10 min
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary sclerosis	2 yrs.
DUE TO (c)	Generalized arteriosclerosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral sclerosis & senile psychosis	1 yr.

19a. DATE OF OPERATION: _____
19b. MAJOR FINDINGS OF OPERATION: _____
20. AUTOPSY? YES ☐ NO ☑

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): 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 14, 1948, *to* July 25, 1950, *that I last saw the deceased alive on* July 24, 1950 *and that death occurred at* 11:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Harris (Degree or title): MD
23b. ADDRESS: Salisbury Mo
23c. DATE SIGNED: 7-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 27-1950
24c. NAME OF CEMETERY OR CREMATORY: Salisbury City Cemetery
24d. LOCATION (City, town, or county) (State): Salisbury Mo.

DATE REC'D BY LOCAL REG.: 7/28/50
REGISTRAR'S SIGNATURE: F. W. Howlins
25. FUNERAL DIRECTOR'S SIGNATURE: Geo B Winkelmeyer — ADDRESS: Salisbury Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 3 1 1950

RECEIVED
District Health Officer No. 10
District File Number 8-50-1245
Date Filed AUG 4 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 _____

_____ Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Geo B Winkelmeyer

Licensed Embalmer No. 2125

P. O. Address Salisbury 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.