No. 300
10.48

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

FILED AUG 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23107

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 182

1. PLACE OF DEATH
a. COUNTY: COLE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEFFERSON CITY
c. LENGTH OF STAY (In this place): 5 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CALLAWAY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOKANE 0140
d. STREET ADDRESS (If rural, give location): 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): RUFUS
c. (Last): THOMAS

4. DATE OF DEATH (Month) (Day) (Year): JULY 30, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 18, 1883
9. AGE (In years last birthday): 66 — If under 1 year: Months 9, Days 12 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARM
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: RUFUS THOMAS
13b. MOTHER'S MAIDEN NAME: SARAH ENGLISH
14. NAME OF HUSBAND OR WIFE: MATTIE THOMAS
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.: NONE
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: MRS. JOHN R. THOMAS, MOKANE, 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Congestion — Drinking — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 443X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Encephalopathy from arteriosclerosis — Months

(Encephalopathy)

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)
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* June 15, 1950, *to* July 30, 1950, *that I last saw the deceased alive on* July 30, 1950, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leon A. Dayler (Degree or title) M.D.
23b. ADDRESS: Jefferson City, Mo.
23c. DATE SIGNED: 8-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 8/1/1950
24c. NAME OF CEMETERY OR CREMATORY: UNION HILL Cem.
24d. LOCATION (City, town, or county) (State): HOLT SUMMITT MO.

DATE REC'D BY LOCAL REG.: August 1-1950
REGISTRAR'S SIGNATURE: R. P. Dorris MD - M.R.O. 68
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mangin Funeral Home, Fulton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DISTRICT HEALTH OFFICE No
District File Number _____
Date Filed _____

MAY 13 1954

MAY 16 1954

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 Walter J. Haines, Jr.
Licensed Embalmer No. 4557
P. O. Address Fulton, 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.