

FILED SEP 6 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25877

BIRTH NO. _____		REG. DIST. NO. 368		PRIMARY REG. DIST. NO. 6248		Registrar's No. 5	
1. PLACE OF DEATH a. COUNTY <b>Washington</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Washington</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richwoods Twp</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Richwoods Twp Rural</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HOME</b>				d. STREET ADDRESS (If rural, give location) <b>1100</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS</b> b. (Middle) <b>T.</b> c. (Last) <b>CENTER</b>			4. DATE OF DEATH (Month) <b>JULY</b> (Day) <b>15</b> (Year) <b>50</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan 2, 1877</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>13</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>		11. BIRTHPLACE (State or foreign country) <b>Washington Co MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>William CENTER</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET BURGESS</b>		14. NAME OF HUSBAND OR WIFE <b>ALICE CENTER</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Howard CENTER</b>		ADDRESS <b>5007 A S KINGS WAY</b>	
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, ashenia, 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) <b>PULMONARY TUBERCULOSIS</b>				ANTECEDENT CAUSES <b>INFLUENZA</b>			
Morbidity 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.			<b>002X</b>
19a. DATE OF OPERATION <b>NONE</b>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NONE</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>NONE</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Washington County MO.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>NONE</b>			
22. I hereby certify that I attended the deceased from <b>4-2-50</b> , 19 <b>50</b> , to <b>7-15-50</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>4-2-</b> , 19 <b>50</b> , and that death occurred at <b>3p</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Edward W. Lake, Jr. D.O.</b>				23b. ADDRESS <b>POTOSI MO</b>		23c. DATE SIGNED <b>7-16-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-17-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HORINE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>RICHWOODS MO</b>	
DATE REC'D BY LOCAL REG. <b>7-17-50</b>		REGISTRAR'S SIGNATURE <b>339</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Roach &amp; Mitchell</b> ADDRESS <b>Richwoods MO</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*Sherwood W. Mitchell*

Licensed Embalmer No. 3873

P. O. Address St. Clair, Pa.

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.