

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

32408

State File No.

FILED OCT 16 1950

BIRTH NO. 62917-50 REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 152

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

I. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEVADA Center 2 mins</u>	c. LENGTH OF STAY (in this place) <u>2 mins</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Bacon Twp. 1080</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2, Walker</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>MATTHEW</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 23 1950</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 23, 1950</u>		9. AGE (In years last birthday) <u>ST. 11 MONTHS 27 mins</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. Nevada, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Liston Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude O'Malia</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Liston Thomas</u>				ADDRESS <u>Walker Mo</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
<p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Separation of Placenta During labor</u>						<u>76 10</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION <u>none</u>		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) _____		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 23 Sept, 1950, to Sept. 23, 1950, that I last saw the deceased alive on Sept. 23, 1950, and that death occurred at 1:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Kearney M.D.</u>			23b. ADDRESS <u>Nevada, Mo.</u>			23c. DATE SIGNED <u>7/26/50</u>		
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harwood Cemetery</u>		24d. LOCATION (City, town, or county) <u>Harwood</u>		(State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Sept. 30, 1950</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Young</u>		331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter G. ...</u>		ADDRESS <u>Harwood Mo</u>	
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED OCT 9 1950

Dist. File 1050-2073

Date Filed 10-9-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

William Jones

Licensed Embalmer No. 2709

P. O. Address Harwood, 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.