

FILED NOV 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34251**

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **34**

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Granby 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION A.T. Home		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) THOMAS JEFFERSON THOMLINSON			4. DATE OF DEATH (Month) (Day) (Year) 10-22-1950		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-23-1950	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 04 Days 28	IF UNDER 10 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Granby Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME Joseph Thomlinson		13b. MOTHER'S MAIDEN NAME Mary Meadows		14. NAME OF HUSBAND OR WIFE Ida Thomlinson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Mrs Ida Thomlinson		ADDRESS Granby 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disease of the coronary Arteries.			INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes mellitus			over 2 yrs.
	DUE TO (c) 			260X
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)	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 **9-21, 1949**, to **10-22, 1950**, that I last saw the deceased alive on **Oct 22, 1950**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles O. Chestnut D.D.		23b. ADDRESS Granby, Mo.		23c. DATE SIGNED 10-23-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10-25-50	24c. NAME OF CEMETERY OR CREMATORY Soathlem.	24d. LOCATION (City, town, or county) (State) Granby Mo.
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DATE REC'D BY LOCAL REG. Oct 31, 1950	REGISTRAR'S SIGNATURE M. L. Young	25. FUNERAL DIRECTOR'S SIGNATURE Culver-Shewmake	ADDRESS Granby Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730
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RECEIVED

Public Health Officer No. Newton Co. Health Dept.

District File Number 1150-232

Date Filed 11/4/50

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 G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.