

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **35389**
Registrar's No. **8877**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8877	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 30yrs		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION Res. 5857 Maple				d. STREET ADDRESS (If rural, give location) 5857 Maple			
3. NAME OF DECEASED (Type or Print) Russell		a. (First)		b. (Middle) E		c. (Last) Thomasson	
4. DATE OF DEATH Oct. 19, 1950		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Nov. 28, 1885		9. AGE (In years last birthday) 66		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant		10b. KIND OF BUSINESS OR INDUSTRY Art Morgan Truck Co.		11. BIRTHPLACE (State or foreign country) Fredericks Town Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Geo. Wa sh. Thomasson		13b. MOTHER'S MAIDEN NAME Mary St. Gemme		14. NAME OF HUSBAND OR WIFE Isabelle Thomasson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Janet Morris		ADDRESS 5857 Maple	
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) Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Progressive muscular atrophy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 years 10 years	
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4:22:30			
22. I hereby certify that I attended the deceased from 1947 , to Oct. 19, 1950 , that I last saw the deceased alive on Oct. 18, 1950 , and that death occurred at 6:20 AM , from the causes and on the date stated above.							
23a. SIGNATURE J. H. W. Clark (Degree or title) M.D.				23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Missouri		23c. DATE SIGNED 10-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY Monett, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. OCT 20 1950		REGISTRAR'S SIGNATURE J. B. Sawyer		25. FUNERAL DIRECTOR'S SIGNATURE W. Anderson & Sons 6175 Delmar ADDRESS			

(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

Licensed Embalmer No.

P. O. Address

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.