

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36341**

FILED DEC 2 1950

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>386</u>		
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton mo</u>		c. LENGTH OF STAY (in this place) <u>17 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		0644		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 1</u>				d. STREET ADDRESS (If rural, give location) <u>23 Myers Row</u>				
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carl</u>		b. (Middle) <u>L</u>		c. (Last) <u>Thomas</u>		
4. DATE OF DEATH		(Month) <u>July</u>		(Day) <u>27</u>		(Year) <u>1950</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>July 27, 1907</u>		
9. AGE (in years, last birthday) <u>43</u>		Months <u>3</u>		Days <u>14</u>		IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>			11. BIRTHPLACE (State or foreign country) <u>Huntington, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>US</u>			13a. FATHER'S NAME <u>Carl Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Maud Black</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Abby Thomas</u>	
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>Katherine Thomas</u> ADDRESS <u>Hannibal</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>syphilitic meningoencephalitis</u>		INTERVAL BETWEEN ONSET AND DEATH						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						
Morbid 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.		025X						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Oct 15, 1950</u> , to <u>Nov 11, 1950</u> , that I last saw the deceased alive on <u>Nov 11, 1950</u> , and that death occurred at <u>11:30 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>J. R. Hunter</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Fulton, Missouri</u>		23c. DATE SIGNED <u>Nov 11 1950</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>anatomical Board Columbia</u>		24d. LOCATION (City, town, or county) (State) <u>mo</u>		
DATE REC'D BY LOCAL REG. <u>Nov. 20-1950</u>		REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Roberts</u> ADDRESS <u>Columbia mo</u>				

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

1422

File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 25 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

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.