

S. No. 300
 v. 10.48

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

7454

State File No.

0050

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4025</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wheaton</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Exeter</u>		0050	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheaton Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ezekiel</u> b. (Middle) <u>Wesley</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1951</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Feb. 7, 1871</u>	
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. 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>Van Buren, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Robert L. Thomas</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Hood</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie 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 ADDRESS <u>Nolan Thomas, Monett, Mo.</u>			
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) <u>Myocardial Degeneration</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Sclerosis - Path</u> DUE TO (c) <u>arterio- + neuro-</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>7</u> <u>4221</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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</u> , 19 <u>49</u> , to <u>March</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 19, 1951</u> , and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. J. Cassville M.D.</u>				23b. ADDRESS <u>Box 2 Cassville Mo.</u>		23c. DATE SIGNED <u>3-22-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 24-1951</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		10 <u>10</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.C. Koon, Cassville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
D. ... - Springfield

RECEIVED MAR 26 1951

Dist. File 351-642

Date Filed 3-26-51

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 W. C. Koon

Licensed Embalmer No. 435-9

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.