

FILED MAR 26 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11293

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6/68 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <i>Ston</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>mo</i> b. COUNTY <i>Ston</i>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Rural Lincoln</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>1040 Rural Lincoln</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Halena R. #1 mo.</i>	

3. NAME OF DECEASED (Type or Print)	a. (First) <i>O.</i>	b. (Middle) <i>H. Thomas</i>	c. (Last) <i>Thomas</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>2/15/51</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Mar 26 - 1885</i>	9. AGE (In years last birthday) <i>65</i>	10. UNDER 1 YEAR <i>10</i>	11. UNDER 1 MONTH <i>30</i>	12. UNDER 24 HRS. <i>0</i>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (State or foreign country) <i>Caney Co. mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>
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13a. FATHER'S NAME <i>Steve Thomas</i>	13b. MOTHER'S MAIDEN NAME <i>Mertie Pitter</i>	14. NAME OF HUSBAND OR WIFE <i>Bessie Thomas</i>
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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) <i>no</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Bessie Thomas</i>	ADDRESS <i>Ston mo</i>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>36 hours.</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage.</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension - atherosclerosis</i> DUE TO (c) <i>Pellagra</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.	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 \_\_\_\_\_, 1950, to *Feb-15, 1951*, that I last saw the deceased alive on *Feb-14, 1951*, and that death occurred at *11:30 a.m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>A.P. Capetti</i> (Degree or title) <i>M.D.</i>	23b. ADDRESS <i>Quincy, Mo</i>	23c. DATE SIGNED <i>2-2-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>	24b. DATE <i>2/17/51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Hick Grove</i>	24d. LOCATION (City, town, or county) (State) <i>Ston Co. mo</i>
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DATE REC'D BY LOCAL REG. <i>March 4 - 51</i>	REGISTRAR'S SIGNATURE <i>Lena Murray - Rep. 1</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Henry F. Maulore</i>	ADDRESS <i>Clone mo.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1040

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED, **MAR 21 1951**

Dist. File 331-588

Date Filed 3-21-51

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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 \_\_\_\_\_

Was not embalmed

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed George H. Newton

Licensed Embalmer No. 2827

P. O. Address Clare 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.