

FILED APR 19 1951

STANDARD CERTIFICATE OF DEATH

State File No. 11732

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>154</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution): a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff 0124</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1021 Marfield</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Lloyd</u>		b. (Middle) <u>Byron</u>		c. (Last) <u>Thomas</u>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<u>4</u>		<u>9</u>		<u>1951</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>9</u>		8. DATE OF BIRTH <u>unknown?</u>	
9. AGE (In years last birthday)		IF UNDER 1 YEAR		IF UNDER 14 HRS.			
<u>and 5 days</u>		Months <u>5</u>		Days <u>5</u>		Hours <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, when it ended) <u>Common laborer</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet Smith</u>			14. NAME OF HUSBAND OR WIFE	
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.		17. INFORMANT'S SIGNATURE OR NAME <u>Carmelia Miller</u>		ADDRESS
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					INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>arteriosclerosis</u>					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>					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)		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>8 Apr 1951</u> , to <u>9 Apr 1951</u> , that I last saw the deceased alive on <u>8 Apr 1951</u> , and that death occurred at <u>2:30</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. J. A. Ret M.D.</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>10 Apr 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>4-11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Neelyville</u>		24d. LOCATION (City, town, or county) (State) <u>Neelyville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 11-1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		428		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rev. J. B. Ross - Poplar Bluff</u>	
						ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

APR 18 1951

BUTLER CO. HEALTH CENTER

FILE No. 151-155

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 Fred J. Smith

Licensed Embalmer No. 4418

P. O. Address Subletton, MA

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.