

FILED MAY 29 1951

STANDARD CERTIFICATE OF DEATH

15615

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 5120 Registrar's No. 143

| | | | |
|--|---|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Florida</u> b. COUNTY <u>Hillsborough</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia Columbia Twp.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Tampa</u> <u>8190</u> | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Hominy Branch of Hinkson Creek</u> | | d. STREET ADDRESS (If rural, give location) <u>MacDill Air Force Base</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>CONSTANCE</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>THOMAS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 21, 1951</u> |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>Jan. 26, 1949</u> |
| 9. AGE (In years last birthday) <u>2</u> Months <u>3</u> Days <u>15</u> | | 9. AGE (In years last birthday) <u>2</u> Months <u>3</u> Days <u>15</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Japan</u> <u>7</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | | 13a. FATHER'S NAME <u>John C. Thomas</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Constance Marie Rogers</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) | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. John C. Thomas, Tampa, Florida</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>Asphyxia</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>Drowning</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>nid</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT (Specify) <u>HOMICIDE</u> <u>accident</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u> | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Columbia Boone Mo</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 21 1951 9 m.</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>Fell in creek</u> | |
| 22. I hereby certify that I attended the deceased from <u>new</u> to <u>an</u> to <u>power</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Harry M. Griffith, Coroner</u> | | 23b. ADDRESS <u>Columbia Mo</u> | |
| 23c. DATE SIGNED <u>5-23-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>May 26, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>May 24 1951</u> | REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> <u>31</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Parson Funeral Service Columbia, Mo</u> | |

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

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RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 5-28-51

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 _____

Joseph W Phillips
working under my personal supervision.

Student Embalmer No. 429

Signed *Joseph W Phillips*
Student Embalmer

Signed *Tom M Harg*

Licensed Embalmer No. 4867

P. O. Address *Columbia, 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.