

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 22 1951

State File No. **19842**  
Registrar's No. **57**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **120** PRIMARY REG. DIST. NO. **4198**

0380  
380

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Gentry</b>   |  | 2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission).<br>a. STATE <b>Washington</b><br>b. COUNTY _____ |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>King City Mo</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bellingham</b>  |  |
| c. LENGTH OF STAY (in this place) <b>1 Day</b>   |  | d. STREET ADDRESS (If rural, give location) <b>3018 Cherrywood Ave</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____  |  |   |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>PAUL</b> b. (Middle) <b>LERROY</b> c. (Last) <b>THOMAS</b> |  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>June 1 1951</b> |   |  |
| 5. SEX <b>MALE</b>   |  | 6. COLOR OR RACE <b>white</b>                 |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b> |  |
| 8. DATE OF BIRTH <b>Feb 27, 1930</b>   |  | 9. AGE (In years last birthday) <b>21</b>     |  | IF UNDER 1 YEAR: Months <b>3</b> Days <b>4</b>                              |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CIRCUS</b>          |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Show</b> |  | 11. BIRTHPLACE (State or foreign country) <b>Bethune, Sask, Canada</b>      |  |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>   |  |   |  |   |  |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME <b>HUBERT E THOMAS</b> |  | 13b. MOTHER'S MAIDEN NAME <b>GRACE LANDER</b> |  | 14. NAME OF HUSBAND OR WIFE <b>None</b> |  |
|---|--|---|--|---|--|

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> |  | 16. SOCIAL SECURITY NO. <b>438-40-1691</b> |  | 17. INFORMANT'S SIGNATURE OR NAME <b>GRACE THOMAS</b> ADDRESS <b>Bellingham, Wash.</b> |  |
|---|--|--|--|--|--|

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><b>Strangled</b>                                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Accidental</b><br>DUE TO (c) <b>Found north of King City, Mo.</b> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6-92-98</b><br><b>42</b> |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  |  |  |   |  |

|                              |  |  |  |  |  |
|------------------------------|--|--|--|--|--|
| 19a. DATE OF OPERATION _____ |  | 19b. MAJOR FINDINGS OF OPERATION _____ |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
|------------------------------|--|--|--|--|--|

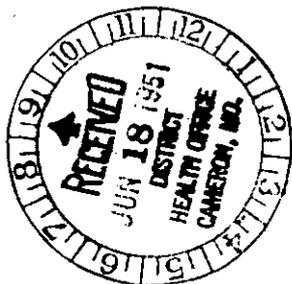
|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accidental</b>         |  | 21b. PLACE OF INJURY (e.g., in or about home, in factory, street, office bldg., etc.) <b>Plant</b>                |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>King City Gentry Mo</b> |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>6 1 1951 5P</b> |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <b>Strangled</b>                                |  |

22. I hereby certify that I attended the deceased from **6-1**, 19**51**, to **6-1**, 19**51**, that I last saw the deceased alive on **6-1**, 19**51**, and that death occurred at **5P** m., from the causes and on the date stated above.

|   |  |                                  |  |                                |  |
|---|--|----------------------------------|--|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>Edith Schilde</b> |  | 23b. ADDRESS <b>King City Mo</b> |  | 23c. DATE SIGNED <b>6-1-51</b> |  |
|---|--|----------------------------------|--|--------------------------------|--|

|   |  |                             |  |   |  |
|---|--|-----------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b> |  | 24b. DATE <b>June 12-51</b> |  | 24c. NAME OF CEMETERY OR CREMATORY <b>King City</b>               |  |
|   |  |                             |  | 24d. LOCATION (City, town, or county) (State) <b>King City Mo</b> |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| DATE REC'D BY LOCAL REG. <b>June 13-1951</b> |  | REGISTRAR'S SIGNATURE <b>Edith Schilde</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Roland D. Clark</b> ADDRESS <b>King City</b> |  |
|--|--|--|--|--|--|



**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 Roland D. Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.