

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20859**

730
3

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

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5836 Registrar's No. 72

| | | | |
|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>TEXAS</u> b. COUNTY <u>JONES</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STAMFORD</u> <u>8420</u> | |
| c. LENGTH OF STAY (in this place) | | d. STREET ADDRESS (If rural, give location) <u>/</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Neasho Twp.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Bobby</u> b. (Middle) <u>THOMAS</u> c. (Last) <u>THOMAS</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10. 1951</u> | |
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>SEPT 4 1942</u> |
| 9. AGE (In years last birthday) <u>8</u> | | # UNDER 1 YEAR Months <u>9</u> Days <u>6</u> | # UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>IN School</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>STAMFORD TEXAS</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>IRVIN THOMAS</u> | | 13b. MOTHER'S MAIDEN NAME <u>Edith J. COLVIN</u> | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u> <u>NONE</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MULTIPLE SKULL FRACTURES</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>68</u> | |
| DUE TO (c) | | DUE TO (c) <u>26</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) <u>ACCIDENT</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>U.S. HIGHWAY 60</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton County Missouri</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6:10-51 5:45 P.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>Auto COLLISION</u> | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>6-10</u> , 19 <u>51</u> , and that death occurred at <u>5:45 P.M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Oasley Thompson</u> (Degree or title) <u>3</u> | | 23b. ADDRESS <u>Neasho Missouri</u> | |
| 23c. DATE SIGNED <u>10-5-51</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u> | | 24b. DATE <u>6-11-1951</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>HILAND CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>STAMFORD TEXAS</u> | |
| DATE REC'D BY LOCAL REG <u>June 16, 1951</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> <u>228</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Oasley Thompson</u> | | ADDRESS <u>St. Neasho Mo.</u> | |

RECEIVED

District Health Officer No. **NEWTON COUNTY HEALTH UNIT**

District File Number 651-15-4

Date Filed 6/22/51

NEOSHO, MISSOURI

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed R. Kenneth Patterson

Signed.....
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Neosho, 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.