No. 300
10-48

FILED AUG 6 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 24070

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 116

0850

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

**1. PLACE OF DEATH**
a. COUNTY: Pulaski
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Waynesville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waynesville General

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Phelps
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arlington 0810
d. STREET ADDRESS (If rural, give location): 1

**3. NAME OF DECEASED** (Type or Print)
a. (First): CHARLES
b. (Middle): R. THOMAS
c. (Last):

**4. DATE OF DEATH** (Month) July (Day) 15 (Year) 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 13 - 1887
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retaurant Business
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Phelps County Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Seigel Thomas
13b. MOTHER'S MAIDEN NAME: Thana Crain
14. NAME OF HUSBAND OR WIFE: Mary E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mary E. Thomas — ADDRESS: Waynesville Missouri

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — yes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14-July, 1951 *to* 14-July, 1951 *that I last saw the deceased alive on* 14-July, 1951 *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. E. Hughes M.D.
23b. ADDRESS: Dixon Mo
23c. DATE SIGNED: 23 July 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 17 51
24c. NAME OF CEMETERY OR CREMATORY: Mt Olive Cemetery
24d. LOCATION (City, town, or county) (State): Newburg Mo

DATE REC'D BY LOCAL REG.: 7-30-51
REGISTRAR'S SIGNATURE: Eula Lyne Anderson 438
25. FUNERAL DIRECTOR'S SIGNATURE: Lee Johnson — ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 7-30-51
Pulaski County Health Officer
File Number
Date Filed 8-4-51

AUG 6 1951

## 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 Lee Johnson

Licensed Embalmer No. 3392

P. O. Address Waynesburg Mo.

Signed .....
Student Embalmer

**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.**