

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27687

FILED SEP 4 1951

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 57

0670
1

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt (Rural)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt (Rural) 0670	
d. FULL NAME OF HOSPITAL OR INSTITUTION P.O. Box 71, Wyatt, Mo.		d. STREET ADDRESS (If rural, give location) P. O. Box 71, Wyatt, Mo. 0	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Thomas c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) Aug. 19, 1951		
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5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single (1)	8. DATE OF BIRTH May 10, 1875	9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 3 Days 9 IF UNDER 24 HRS. Hours Min. 	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Union Town, Alabama /	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Callie Chew, Box 71, Wyatt, Mo. ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension - Arteriosclerosis 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 (1)	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 334 X
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from August 19, 1951, to August 19, 1951, that I last saw the deceased alive on August 19, 1951, and that death occurred at 5:40 P m., from the causes and on the date stated above.

23a. SIGNATURE T. P. Fenton (Degree or title) 2	23b. ADDRESS T. P. Fenton, D. O. Wyatt, Missouri	23c. DATE SIGNED 8/21/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial (1)	24b. DATE Aug. 22, 1951	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Charleston, Missouri
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DATE REC'D BY LOCAL REG. Aug 29, 1951	REGISTRAR'S SIGNATURE Wm. Lee Kilgore 439	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks Cape Girardeau, Mo ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 31 1951

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed AUG 31 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Frank Sparks

Licensed Embalmer No. 3853

P. O. Address Cape Anacostia Md

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.