

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32710

State File No.

1951
OCT 29 1951

BIRTH NO.		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5132</u>		Registrar's No. <u>1079</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Wayne twpp. Rural</u> c. LENGTH OF STAY (in this place) <u>no</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway # 59 & Lake Sta.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> d. STREET ADDRESS (If rural, give location) <u>Rd. 1405 Penn St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>L.</u> c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 22 1951</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>11-29-1888</u>		9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wool Grader</u>		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Phillip Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Rickett</u>		14. NAME OF HUSBAND OR WIFE <u>Bernice Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-05-1149</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John Thomas, 214 Alabama St., City</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>Multiple Skull Fractures</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple Scalp wounds</u> DUE TO (c) <u>Crushing injury to left chest.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Man was instantly killed when his automobile was struck on the Contrary Creek Rail Road Crossing</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>1 day</u> <u>E 810-X-27</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, etc.) <u>Highway and RR Crossing Wayne Buchanan Mo.</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Wayne Buchanan Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Oct. 22, 1951 1:45 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>His automobile was struck by a train</u>					
22. I hereby certify that I <u>viewed</u> the deceased from <u>10/22, 1951</u> to <u>10/22, 1951</u> , that I last saw the deceased alive on <u>10/22, 1951</u> , and that death occurred at <u>1:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>St. F. Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph Mo.</u>		23c. DATE SIGNED <u>10/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-27-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>		FUNERAL DIRECTOR'S SIGNATURE <u>John E. Rupp</u>		ADDRESS <u>St. Joseph, Mo.</u>	

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

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.....
Student Embalmer

Signed Alvin E. Bazar

Licensed Embalmer No. 4795

P. O. Address St. Joseph, 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.