

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33316**

FILED OCT 16 1951

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4204 Registrar's No. 130

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>		c. LENGTH OF STAY (in this place) <u>41 Years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Laredo</u>		d. STREET ADDRESS (If rural, give location) <u>U 41st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>✓</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Edwin</u>	c. (Last) <u>Thomas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>October 1 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>July 29 1872</u>	9. AGE (In years) (Last birthday) <u>79</u>	if UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	if 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>Retired Exchange Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy Co Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>C.C. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Henriette Hancock</u>	14. NAME OF HUSBAND OR WIFE <u>Olive Thomas</u>
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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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W. D. Fears</u> ADDRESS <u>Laredo Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>4 h</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralytic agitancy</u> DUE TO (c) <u>hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19 49 to Oct 1 1951; that I last saw the deceased alive on Oct 1 1951, and that death occurred at 12 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. J. ...</u>	23b. ADDRESS <u>...</u>	23c. DATE SIGNED <u>10/4/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>10/4/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stucker Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u>
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DATE REC'D BY LOCAL REG. <u>10/4/51</u>	REGISTRAR'S SIGNATURE <u>Jane Fair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>F. J. Robertson</u> ADDRESS <u>Funeral Home Laredo Mo</u>
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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 _____

J. M. Robertson

Signed
Student Embalmer

Licensed Embalmer No. *4388*

P. O. Address *Laredo, 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.