

FILED JAN 4 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40935

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 159

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give town) Harrisonville		c. CITY (If outside corporate limits, write RURAL and give township) Archie	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS (If rural, give location) 0190	

3. NAME OF DECEASED (Type or Print) ALONZO THOMAS			4. DATE OF DEATH (Month) - (Day) (Year) Dec. 20 - 1951		
a. (First)	b. (Middle)	c. (Last)			

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 24 - 1875	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 4 Days 22	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work or occupation if not of working age if retired) blacksmith - active		10b. KIND OF BUSINESS OR INDUSTRY Active		11. BIRTHPLACE (State or foreign country) Austin Mo		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Jones Thomas		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Mary K. Thomas	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. (If you were in war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ch Thomas Archie, Mo.	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 2 years	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) uremia					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) Arteriosclerosis					
		DUE TO (c) Seizure					
		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 4500		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)	
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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 **march 1950**, to **Dec 20, 1951**, that I last saw the deceased alive on **Dec 20, 1951**, and that death occurred at **7:00 P.m.**, from the causes and on the date stated above.

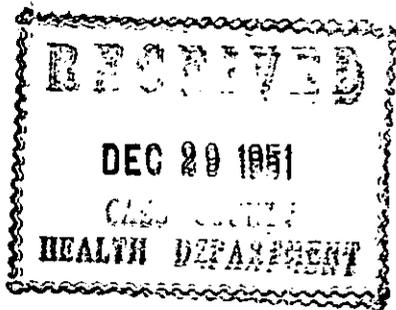
23a. SIGNATURE (Degree or title) Edward S. Jowers		23b. ADDRESS Harrisonville, Mo		23c. DATE SIGNED 12-22-51	
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24a. BURIAL: CREMATION REMOVAL (Specify) Burial		24b. DATE 12-27-51		24c. NAME OF CEMETERY OR CREMATORY Austin Cemetery		24d. LOCATION (City, town, or county) (State) Austin Mo	
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DATE REC'D BY LOCAL REG. Dec 23, 1951		REGISTRAR'S SIGNATURE Nora Barward		25. COUNTY DIRECTOR'S SIGNATURE Archie		ADDRESS Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

....., Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Lloyd Ottumson

Licensed Embalmer No. *3920*

P. O. Address

Harrisonville

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.

no.