

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **41126**

FILED JAN 3 1952

BIRTH NO.		REG. DIST. NO. <b>98</b>		PRIMARY REG. DIST. NO. <b>5370</b>		Registrar's No. <b>119</b>	
1. PLACE OF DEATH a. COUNTY <b>Daviess</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Daviess</b>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>Rural Union Township</b> )		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Union Township</b>		<b>0310</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 Mile South Gallatin, Mo.</b>				d. STREET ADDRESS (If rural, give location) <b>1 Mile South Gallatin</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Alexander</b> c. (Last) <b>Thomas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 4, 1871</b>		9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days	IF UNDER 10 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>		11. BIRTHPLACE (State or foreign country) <b>Daviess County Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Isaac N. Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Scott</b>		14. NAME OF HUSBAND OR WIFE <b>Lula Thomas (Dec'd)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Almer Thomas, Gallatin, Mo.</b>			
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) <b>Cerebral Hemorrhage</b> INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arterial Sclerosis, Hypertension</b> 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		<b>331X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)		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 <b>Dec 1, 1951</b> , to <b>Dec 15, 1951</b> , that I last saw the deceased alive on <b>Dec 15, 1951</b> , and that death occurred at <b>11:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Wm Bailey M.D.</b> (Doctor or title)				23b. ADDRESS <b>Gallatin Mo</b>		23c. DATE SIGNED <b>12/15/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-17-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Scotland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Daviess Co. Missouri</b>	
DATE REC'D BY LOCAL REG. <b>29 Dec 1951</b>		REGISTRAR'S SIGNATURE <b>Virginia Engelhardt</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. O. Sullivan</b> ADDRESS <b>Hope Funeral Home, Gallatin, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed

*L.O. Richerson*

Signed.....  
Student Embalmer

Licensed Embalmer No.

*3302*

P. O. Address

*Fullerton, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.