

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43711**
Registrar's No. **230**

FILED JAN 3 1952

BIRTH NO.		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 3072		Registrar's No. 230	
1. PLACE OF DEATH a. COUNTY Saline				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Saline			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall		c. LENGTH OF STAY (In this place) 32 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Marshall			
d. FULL NAME OF HOSPITAL OR INSTITUTION 542 E. Eastwood				d. STREET ADDRESS (If rural, give location) 542 E. Eastwood.			
3. NAME OF DECEASED (Type or Print)		a. (First) WILEURN		b. (Middle) PERRY		c. (Last) THOMAS	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 13, 1892	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile Dealer		10b. KIND OF BUSINESS OR INDUSTRY Automobile		11. BIRTHPLACE (State or foreign country) Missouri		9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months Days IF UNDER 48 HRS. Hours Min.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME J. M. Thomas		13b. MOTHER'S MAIDEN NAME Annette Harmon		14. NAME OF HUSBAND OR WIFE Mrs Pearl Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.G. Thomas Marshall, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonian Syndrome years				INTERVAL BETWEEN ONSET AND DEATH Immediate	
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)		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? 4201			
22. I hereby certify that I attended the deceased from 12/20 , 19 51 , to 12/20 , 19 51 , that I last saw the deceased alive on 12/20 , 19 51 , and that death occurred at 5:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Sidney J. Gray M.D.				23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 12/22/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-22-1951		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.		24d. LOCATION (City, town, or county) (State) Marshall Mo.	
DATE REC'D BY LOCAL REG. Dec. 23-1951		REGISTRAR'S SIGNATURE Sidney J. Gray		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershegger		ADDRESS Marshall, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 12-31-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 1-2-52

RECEIVED
DISTRICT HEALTH OFFICE

APR 23 1951

MAR 13 1957

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, 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.