

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1707

State File No.

FILED JAN 23 1952

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2901 Registrar's No. 15

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u> | |
| c. LENGTH OF STAY (in this place) <u>67 years</u> | | d. STREET ADDRESS (If rural, give location) <u>316 N. Schifferdecker Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 N. Schifferdecker Avenue</u> | | | |

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|--|--------------------------|-----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>THOMAS</u> | b. (Middle) <u>O.</u> | c. (Last) <u>MOREY</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 9, 1952</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>Married</u> | 8. DATE OF BIRTH <u>March 15, 1882</u> | 9. AGE (In years last birthday) <u>69</u> | IF UNDER 1 YEAR Months Days | IF UNDER 1 HR. Hours Min. |
|--------------------|-------------------------------|---|--|---|----------------------------------|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Mines</u> | 11. BIRTHPLACE (State or foreign country) <u>Montgomery County, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Albert Morey</u> | 13b. MOTHER'S MAIDEN NAME <u>Alma Keller</u> | 14. NAME OF HUSBAND OR WIFE <u>Mabel Morey</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>Mabel Morey</u> | ADDRESS <u>316 N. Schifferdecker</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>over 1 yr.</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute degeneration</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 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 Dec 30, 1950 to Jan 9, 1952, that I last saw the deceased alive on Jan 4, 1952 and that death occurred at 1:15P m., from the causes and on the date stated above.

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|---|---|---------------------------------|
| 23a. SIGNATURE <u>H. Hamilton, MD</u> (Degree or title) | 23b. ADDRESS <u>H. HAMILTON, M. D. 617 Frisco Bldg.</u> | 23c. DATE SIGNED <u>1-12-52</u> |
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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>1-11-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Forest Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> |
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|---|---|---|----------------------------|
| DATE REC'D BY LOCAL REG. <u>1-12-52</u> | REGISTRAR'S SIGNATURE <u>Ed. J. Jones</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary</u> | ADDRESS <u>Joplin, Mo.</u> |
|---|---|---|----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

0495

RECEIVED 1-21-22
Jasper County Health Office

County File Number 52/1/49

Date Filed 1-22-22

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 David Dillon

Signed.....
Student Embalmer

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.