

FILED JAN 10 1952

STANDARD CERTIFICATE OF DEATH

State File No. 1898

BIRTH NO. REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 8

550

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

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mt Vernon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MT VERNON-SANATORIUM</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. # 0557</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State Sanatorium</u>			

3. NAME OF DECEASED (Type or Print) <u>GERRY LEE THOGMARTEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 3 1952</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 11-1901</u>	9. AGE (In years last birthday) <u>52</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Plumber</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mo State San.</u>	11. BIRTHPLACE (State or foreign country) <u>Spickard, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Silas Thogmartin</u>	13b. MOTHER'S MAIDEN NAME <u>Fannie Vandevord</u>	14. NAME OF HUSBAND OR WIFE <u>Flossie Gardner</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>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>D.F. Thogmartin</u>	ADDRESS <u>Spickard 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, arteria, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>last</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suicide</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>shot self in mouth</u> DUE TO (c) <u>with 30-40 Krag Rifle</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Ralph E. Hudson</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>foreman coroners jury</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>In Room</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Mt Vernon Lawrence Mo</u>
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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? <u>shot self with Rifle</u>
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22. I hereby certify that I attended the deceased from after death, to _____, 19____, that I last saw the deceased after death 1/3, 1952, and that death occurred at 6:13 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Vernon Suridge (Coroner)</u>	(Degree or title)	23b. ADDRESS <u>Marionville Mo</u>	23c. DATE SIGNED <u>1/3/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/6/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>C.O.F. Cem</u>	24d. LOCATION (City, town, or county) (State) <u>1 mile south Mt Vernon Mo</u>
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DATE REC'D BY LOCAL REG. <u>1/7/52</u>	REGISTRAR'S SIGNATURE <u>Cecil Hendricks</u>	411	25. FUNERAL DIRECTOR'S SIGNATURE <u>H.L. Facett</u>	ADDRESS <u>Mt Vernon 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 me

Student Embalmer No. _____

working under my personal supervision.

Signed H. O. Lassett

Signed _____
Student Embalmer

Licensed Embalmer No. 2201

P. O. Address Mt Vernon 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.