

FILED APR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13554

| | | | | | | | | | |
|--|---|--|---|---|---|---|---|---|--|
| BIRTH NO. <u>124</u> | | REG. DIST. NO. <u>206</u> | | PRIMARY REG. DIST. NO. <u>5749</u> | | Registrar's No. <u>22</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Madison</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - POLK</u> | | c. LENGTH OF STAY (in this place) <u>64 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - POLK</u> | | <u>0670</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3, Fredericktown, Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>Route 3, Fredericktown, Mo.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>E.</u> c. (Last) <u>THOMAS</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 17, 1952</u> | | | | | | |
| 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>FEB. 14, 1865</u> | | 9. AGE (In years last birthday) <u>87</u> | F UNDER 1 YEAR Days | F UNDER 1 YEAR Hours | F UNDER 1 YEAR Mins. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAVING CUTTER</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | | 11. BIRTHPLACE (State or foreign country) <u>WALES</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | |
| 13a. FATHER'S NAME <u>EDWARD THOMAS</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ELLEN WILLIAMS</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Minnie Thomas</u> | | | |
| 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>Roy V. Thomas, R#3, Fredericktown, Mo.</u> | | | | ADDRESS | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>mitral insufficiency</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumonia and Bronchitis</u> DUE TO (c) <u>Chronic. Long duration</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>year</u> <u>6 months</u> <u>year</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Arterio sclerosis</u> | | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>410X</u> | | | | | | 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? | | | | | |
| 22. I hereby certify that I attended the deceased from <u>Oct</u> , 19 <u>51</u> , to <u>MARCH 17, 1952</u> , that I last saw the deceased alive on <u>MARCH 17, 1952</u> , and that death occurred at <u>6:40 P. M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) | | | | 23b. ADDRESS <u>195 W. Main Fredericktown</u> | | 23c. DATE SIGNED <u>4-8-52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>3-19-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u> | | 24d. LOCATION (City, town, or county) (State) <u>MADISON COUNTY, MO.</u> | | | | |
| DATE REC'D BY LOCAL REG. <u>4-8-52</u> | | REGISTRAR'S SIGNATURE <u>[Signature]</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | | ADDRESS <u>Fredericktown, Mo.</u> | | | |

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

MADISON DISTRICT DEPT.
FREDERICKTOWN, M.D.

RECEIVED
APR 18 1952
RECEIVED

FILE No. 752-20

Handwritten notes:
The body was received at the
Fredericktown morgue on
April 18, 1952.

Handwritten notes:
The body was received at the
Fredericktown morgue on
April 18, 1952.

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 _____
Student Embalmer

Signed William B. O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.