

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17248**

LEO JUN 12 1952

BIRTH NO.		REG. DIST. NO. 209	PRIMARY REG. DIST. NO. 3043	Registrar's No. 168
1. PLACE OF DEATH a. COUNTY MARION		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		c. CITY (If outside corporate limits, write RURAL and give township) HANNIBAL		
c. LENGTH OF STAY (In this place) 14 DAYS		d. STREET ADDRESS (If rural, give location) 1521-E STREET.		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ELIZABETH HOSPITAL				
3. NAME OF DECEASED a. (First) MARK (Type or Print)		b. (Middle) ARTHUR		c. (Last) THOMAS
4. DATE OF DEATH (Month) (Day) (Year) MAY 26TH 1952				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JULY 14 1865	9. AGE (In years last birthday) 86 If under 1 year: Months 11 Days 12 If under 24 hrs. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) FARMING (RET)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) RALL'S COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME B. J. THOMAS		13b. MOTHER'S MAIDEN NAME LUCINDA ABLE		14. NAME OF HUSBAND OR WIFE MARY IDA THOMAS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Walter Thomas Monroe
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Prostate ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) 		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 177XF		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) (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 2 May, 1952 to 26 May, 1952 , that I last saw the deceased alive on 26 May, 1952 , and that death occurred at 8:20 A.M. , from the causes and on the date stated above.				
23a. SIGNATURE W. M. Beer		23b. ADDRESS Hannibal Mo.		23c. DATE SIGNED June 4/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-1952		24c. NAME OF CEMETERY OR CREMATORY BRUSCH CREEK CEMETERY
24d. LOCATION (City, town, or county) (State) RALL'S COUNTY, MISSOURI				
DATE REC'D BY LOCAL REG. 6/6/52		REGISTRAR'S SIGNATURE H. C. Fisher		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SON'S
				ADDRESS MANROE CITY, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 10 1952
MARION CO. HEALTH DEPT.
DATE FILED JUN 11 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 me

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Marion City 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.