

No. 300 FILED JUL 11 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19597
1337537
Registrar's No. 11312

BIRTH NO. 40670 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairdealings	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) Gen. del	
d. FULL NAME OF HOSPITAL OR INSTITUTION Brandon Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Larry b. (Middle) Michal c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) 6-28-52		
--	--	--	---	--	--

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-27-52	9. AGE (In years last birthday) 1	10. UNDER 1 YEAR Months 1	11. UNDER 1 Wk. Hours 1 Mins.
-----------------	---------------------------	--	---------------------------------	--	----------------------------------	--------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Poplar Bluff, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	---	--

13a. FATHER'S NAME Raymond Thomas	13b. MOTHER'S MAIDEN NAME Bernice Tripp	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Raymond Thomas Fairdealings Mo	ADDRESS
--	-------------------------	---	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 1 Day
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) None DUE TO (c) None		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

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) (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 **6-27**, 19 **52**, to **6-28**, 19 **52**, that I last saw the deceased alive on **6-28**, 19 **52**, and that death occurred at **9:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Norman E. Wilks MD	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 6-30-52
--	---------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-30-52	24c. NAME OF CEMETERY OR CREMATORY Polk Cemetery	24d. LOCATION (City, town, or county) (State) Reynolds Co. Mo.
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. 6-30-52	REGISTRAR'S SIGNATURE Wm. H. Johnson	FUNERAL DIRECTOR'S SIGNATURE Phelps-Leuckel	ADDRESS Poplar Bluff
---	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

124

0

RECEIVED

JUL 8 1952

BUTLER CO. HEALTH CENTER

FILE No. 752-356

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 10-29-52

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Phil A. Leuchel

Licensed Embalmer No. 2936

P. O. Address Poplar Bluff 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.