

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

21347

State File No. _____
 Registrar's No. 153

JUN 20 1952

BIRTH NO. _____ REG. DIST. NO. 23 / PRIMARY REG. DIST. NO. 4872

3740
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
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| 1. PLACE OF DEATH a. COUNTY NODDWAY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NODDWAY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BURLINGTON JCT | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BURNINGTON JCT, MO | |
| c. LENGTH OF STAY (in this place) 16 yrs | | d. STREET ADDRESS (If rural, give location) 0740 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HOME | | | |

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|-------------------------------------|--------------------------|--------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) EUGENE | b. (Middle) LOREN | c. (Last) THOMAS | 4. DATE OF DEATH (Month) (Day) (Year) JUNE 19, 1952 |
|-------------------------------------|--------------------------|--------------------------|-------------------------|--|

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|-----------------|---------------------------|---|---------------------------------------|---|-----------------------------|----------------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH APRIL 7, 1877 | 9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|-----------------|---------------------------|---|---------------------------------------|---|-----------------------------|----------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST | 10b. KIND OF BUSINESS OR INDUSTRY DENTISTRY | 11. BIRTHPLACE (State or foreign country) WHITESVILLE, MISSOURI | 12. CITIZEN OF WHAT COUNTRY? U.S. |
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| 13a. FATHER'S NAME DILLARD J. THOMAS | 13b. MOTHER'S MAIDEN NAME PHOEBE KEATERSON | 14. NAME OF HUSBAND OR WIFE ELSIE O. CAMPBELL |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN D. THOMAS BURN. JCT MO |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myo carditis | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myelomatosis DUE TO (c) Branchial Cystitis | | |
| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from May, 1950, to June 19, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE D. J. Blum (Degree or title) MD | 23b. ADDRESS Marionville Mo | 23c. DATE SIGNED 6-23-52 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE JUNE 23, 1952 | 24c. NAME OF CEMETERY OR CREMATORY FOREST LAWN | 24d. LOCATION (City, town, or county) (State) OMAHA, NEBR 6-23-52 |
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| DATE REC'D BY LOCAL REG. 6-28-52 | REGISTRAR'S SIGNATURE Bess Holt | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. K. ... Burlington Jct Mo |
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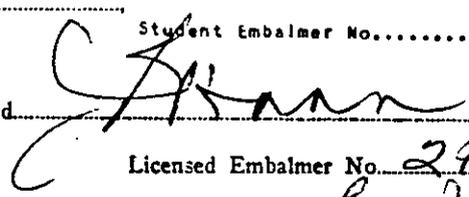
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

.....
working under my personal supervision.

Student Embalmer No.

Signed _____



Signed.....
Student Embalmer.

Licensed Embalmer No. 2965

P. O. Address Burl. Ind 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.