

RECEIVED OCT 14 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34057

6268 State File No. \_\_\_\_\_  
REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 15 Registrar's No. 52

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

1. PLACE OF DEATH a. COUNTY <u>Webster</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Niangua</u> c. LENGTH OF STAY (In this place) <u>75 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Niangua</u> <u>1120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <u>5 miles West of Grovespring</u> <u>Mo</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>S.</u> c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9</u> <u>6</u> <u>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>April 18, 1875</u>
9. AGE (In years last birthday) <u>77</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Clay County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? _____		13a. FATHER'S NAME <u>William Thomas</u>	
13b. MOTHER'S MAIDEN NAME <u>Manda Christain</u>		14. NAME OF HUSBAND OR WIFE <u>Ida 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>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ida Thomas</u>		ADDRESS <u>Niangua Mo</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia with Resp. Failure</u> (INTERVAL BETWEEN ONSET AND DEATH) <u>39 days</u>	
ANTECEDENT CAUSES -Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral Vascular Accident</u> <u>39 days</u>	
DUE TO (c) <u>Malignant Hypertension</u> <u>4-6 yrs.</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Arteriosclerotic Heart Disease with Congestive Failure</u> <u>4-8 yrs</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION: <u>331x</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>Aug. 1, 1952</u> , to <u>Aug. 20, 1952</u> , that I last saw the deceased alive on <u>Aug. 14, 1952</u> , and that death occurred at <u>4:15 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas M. Macdonnell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marshfield, Missouri</u>	
23c. DATE SIGNED <u>Sept. 14, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>9-8-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prospect</u>	
24d. LOCATION (City, town, or county) <u>Webster</u>		24e. (State) <u>MO</u>	
DATE REC'D BY LOCAL REG. <u>9-26-52</u>		REGISTRAR'S SIGNATURE <u>J. Francis</u> <u>392-1</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ann E. Halden</u>		ADDRESS <u>Hartsville Mo</u>	

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Hartsville 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.