

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37666**

FILED DEC 1 1952

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 54

0100

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

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>		c. LENGTH OF STAY (In this place) years _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 West Railroad Street</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Centralia</u>	
		d. STREET ADDRESS (If rural, give location) <u>203 West Railroad Street</u>	

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3. NAME OF DECEASED (Type or Print) a. (First) <u>CARL</u> b. (Middle) <u>CHESTER</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 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>8-5-1894</u>		9. AGE (In years last birthday) <u>58</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>23</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Optometrist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Optometry</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Centralia, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Charles Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hickum</u>		14. NAME OF HUSBAND OR WIFE <u>Arlene McCausland Thomas</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Carl C. Thomas, Centralia, Missouri</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coma</u>						<u>3 Days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES				
			DUE TO (b) <u>Cerebral hemorrhage</u>			<u>3 Days</u>	
			DUE TO (c) <u>Arteriosclerosis</u>			<u>Unknown</u>	
			II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death.			<u>Couple years</u>	
			<u>Partial right hemiplegia</u>				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</u>		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)	
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 May 44, 1945, to Nov. 28, 1952, that I last saw the deceased alive on Nov. 27, 1952, and that death occurred at 3:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. Lachance</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>110 W. Sneed Centralia, Mo.</u>		23c. DATE SIGNED <u>11/29/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 29-1952</u>		REGISTRAR'S SIGNATURE <u>Maud McBride</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull & Meador</u>		ADDRESS	
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DEC 9 1952

DEC 4 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 _____

Student Embalmer No. _____

Working under my personal supervision.

Student
Student Embalmer

Signed

Bill J. Meador

Licensed Embalmer No. 4876

P. O. Address

Centralia Missouri

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.