

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 22 1953

BIRTH NO. _____ REG. DIST. NO. 171 PRIMARY REG. DIST. NO. 4267 Registrar's No. _____

1540
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa Mo 0540</u>	
c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>Leet W. Main</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Leet W. Main</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lilburn</u>	b. (Middle) <u>Joseph</u>	c. (Last) <u>Thomas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>1 12 1953</u>
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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>Feb. 19 1887</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Night Watch</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Napoleon Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John W. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Parizadia Campbell</u>	14. NAME OF HUSBAND OR WIFE <u>Orie 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 WW #1</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Orie Thomas</u>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) <u>Died suddenly while on duty as night watchman.</u>		
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 <u>4201</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Woman</u>	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 checked="" 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 after death on to Jan 13, 1953, that I last saw the deceased alive on 12/13, 1953, and that death occurred at 12:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>W. W. ...</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Odessa Mo</u>	23c. DATE SIGNED <u>1-14-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-15-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bates City Mo</u>	24d. LOCATION (City, town, or county) (State) <u>Bates City Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-14-53</u>	REGISTRAR'S SIGNATURE <u>Emma Davidson</u>	453	25. FUNERAL DIRECTOR'S SIGNATURE <u>B. ... & Sons.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

FEB 24 1953

FEB 24 1953

FEB 25 1953

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed *Norace Blunice*

Signed.....
Student Embalmer

Licensed Embalmer No. *2718*

P. O. Address *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.