

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4500

FILED JAN 27 1953

BIRTH NO. _____		REG. DIST. NO. <u>336</u>		PRIMARY REG. DIST. NO. <u>612L</u>		Registrar's No. <u>224</u>			
1. PLACE OF DEATH a. COUNTY <p align="center">Shannon</p>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <p align="center">Missouri</p>				b. COUNTY <p align="center">Shannon</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Birch tree, Mo</p>		c. LENGTH OF STAY (In this place) <p align="center">40 yrs</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Birch Tree, Mo</p>		1010			
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">None</p>				d. STREET ADDRESS (If rural, give location) <p align="center">rural</p>					
3. NAME OF DECEASED (Type or Print) John			a. (First)		b. (Middle) <p align="center">shade</p>		c. (Last) <p align="center">Thomas</p>		
4. DATE OF DEATH <p align="center">Jan 11 1953</p>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p align="center">Married</p>		8. DATE OF BIRTH <p align="center">Sept 4 - 1877</p>		9. AGE (In years last birthday) <p align="center">76</p>		IF UNDER 1 YEAR Months Days Hours Mts.	
5. SEX <p align="center">M</p>		6. COLOR OR RACE <p align="center">W</p>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p align="center">Farming</p>		10b. KIND OF BUSINESS OR INDUSTRY <p align="center">499-140065</p>		11. BIRTHPLACE (City and State or Foreign Country) <p align="center">Shannon County Missouri</p>	
12. CITIZEN OF WHAT COUNTRY? <p align="center">USA</p>		13a. FATHER'S NAME <p align="center">Tom Thomas</p>		13b. MOTHER'S MAIDEN NAME <p align="center">sis Nicholson</p>		14. NAME OF HUSBAND OR WIFE <p align="center">Annar Thomas Birch Tree Mo</p>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <p align="center">No</p>		16. SOCIAL SECURITY NO. <p align="center">499-140065</p>		17. INFORMANT'S SIGNATURE OR NAME <p align="center">George Thomas</p>				ADDRESS <p align="center">Birch Tree, Mo</p>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Disease + arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <p align="center">4343</p>				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>1/4</u> , 19 <u>53</u> , to <u>1/11</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1/10</u> , 19 <u>53</u> , and that death occurred at <u>10a</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <p align="center">James R. Shaffer M.D.</p>				23b. ADDRESS <p align="center">Mtn View Mo.</p>		23c. DATE SIGNED <p align="center">1/17/53</p>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <p align="center">Burial</p>		24b. DATE <p align="center">Jan 13 53</p>		24c. NAME OF CEMETERY OR CREMATORY <p align="center">Turkey Oak Cem.</p>		24d. LOCATION (City, town, or county) (State) <p align="center">Birch tree, Mo</p>			
DATE REC'D BY LOCAL REG. <p align="center">1-26-53</p>		REGISTRAR'S SIGNATURE <p align="center">Mabel Ballou 447</p>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <p align="center">Duncan Funeral Home Mtn View, Mo</p>					

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

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 *John J. Lunn*
Licensed Embalmer No. *2516*

P. O. Address *St. Louis 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.