

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED MAR 3 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>25</u>	PRIMARY REG. DIST. NO. <u>4036</u>	Registrar's No. <u>8</u>
1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u> <u>0070</u>		
c. LENGTH OF STAY (in this place) <u>3 MONTHS</u>		d. STREET ADDRESS (If rural, give location) <u>HIWAY 71</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HIWAY 71</u>				
3. NAME OF DECEASED a. (First) <u>WILLIAM MARION THOMAS</u>		b. (Middle)		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>FEB - 27 - 1953</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>NOVEMBER 30 - 1864 - 88</u>	9. AGE (in years last birthday) Months Days Hours Mins. <u>2 27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BLACKSMITH.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BLACKSMITH.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Thomas - Rich Hill, Mo.</u> ADDRESS
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain of tumor</u> ANTECEDENT CAUSES Morbidity 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. <u>1561</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>11:30 a.m.</u> to <u>12:27 p.m.</u> , 19 <u>53</u> that I last saw the deceased alive on <u>Feb 27, 1953</u> and that death occurred at <u>1:29 p.m.</u> from the causes and on the date stated above.				
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>FEB 28 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>FEB 28 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>				
DATE REC'D BY LOCAL REG. <u>Feb. 28. 1953</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Booth Funeral Home Rich Hill, Mo.</u>

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 Robert J. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butler, 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.