

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **6793**

FILED MAR 7 - 1953

BIRTH NO. _____		REG. DIST. NO. <b>195</b>		PRIMARY REG. DIST. NO. <b>5714</b>		Registrar's No. <b>18</b>	
1. PLACE OF DEATH a. COUNTY <b>McDonahd</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>McDonahd</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>PINEVILLE</b>		c. LENGTH OF STAY (In this place) <b>12 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>PINEVILLE</b>		<b>0600</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>AT HOME</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hubbiff</b> b. (Middle) <b>loyd</b> c. (Last) <b>Thomas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-28-1953</b>				
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>10-12-1870</b>	
9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>16</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>16</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>16</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED ELECTRICIAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (State or foreign country) <b>MAYSVILLE KENTUCKY</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>NEWTON THOMAS</b>			13b. MOTHER'S MAIDEN NAME <b>Jubia Crosby</b>		14. NAME OF HUSBAND OR WIFE <b>ADDIE THOMAS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Addie O. Thomas</b>		ADDRESS <b>PINEVILLE, MO</b>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 da</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic Heart Disease</b>				?	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4200</b>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <b>May 1946</b> to <b>Feb 28, 1953</b> , that I last saw the deceased alive on <b>Feb 28, 1953</b> , and that death occurred at <b>12:00 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Hubbiff</b>				23b. ADDRESS <b>Pineville, Mo.</b>		23c. DATE SIGNED <b>3/4/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3-2-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>PINEVILLE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>PINEVILLE MO.</b>	
DATE REC'D BY LOCAL REG. <b>3-4-53</b>		REGISTRAR'S SIGNATURE <b>Maureen Hamilton</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. M. Thompson</b>		ADDRESS <b>Pineville, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

0600

APR 21 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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed J. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.