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FILED APR 16 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14862

BIRTH NO. REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural 0050	
c. LENGTH OF STAY (in this place) 3 wks.		d. STREET ADDRESS (If rural, give location) Jenkins Rural Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora City Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Quincy c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) March 28 1953		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1896	9. AGE (In years) 56	IF UNDER 1 YEAR Months 8	IF UNDER 1 YEAR Days 8	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Barry County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Hiram Thomas	13b. MOTHER'S MAIDEN NAME Sarah Doty	14. NAME OF HUSBAND OR WIFE Zena Thomas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW-1	16. SOCIAL SECURITY NO. 488-24-2305	17. INFORMANT'S SIGNATURE OR NAME Zena Thomas	ADDRESS Jenkins RR, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 270-
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma (left lung) & metastases		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 1952	19b. MAJOR FINDINGS OF OPERATION Laparotomy (Thomson) 162X	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)
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input 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 12-15, 1951, to 3-28, 1953, that I last saw the deceased alive on 2-27, 1953, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE P. J. Moran (Degree or title) M.D.	23b. ADDRESS Aurora, Mo.	23c. DATE SIGNED 4/11/53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 29, 1953	24c. NAME OF CEMETERY OR CREMATORY Clio Cemetery	24d. LOCATION (City, town, or county) (State) Barry County Missouri
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DATE REC'D BY LOCAL REG. April 13, 1953	REGISTRAR'S SIGNATURE Ora McMatt 157	25. FUNERAL DIRECTOR'S SIGNATURE Marsh Funeral Home Aurora, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 1 6 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 Robert E. Mahlerman

Licensed Embalmer No. 4916

P. O. Address Amasa, 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.