

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **24305**

FILED JUL 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **96** PRIMARY REG. DIST. NO. **536-D** Registrar's No. **39**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Dallas</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Dallas</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Lincoln</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-Lincoln</b>	
c. LENGTH OF STAY (in this place) <b>5 YRS.</b>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Ralph</b> b. (Middle) <b>John</b> c. (Last) <b>Thomas</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>7-1-53</b>		
<b>5. SEX</b> <b>M.</b>		<b>6. COLOR OR RACE</b> <b>W.</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>0</b>	
<b>8. DATE OF BIRTH</b> <b>APRIL-10-1893</b>		<b>9. AGE</b> (In years last birthday) <b>60</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>FARMER</b>	
<b>11. BIRTHPLACE</b> (State or foreign country) <b>URBANA MO</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>		<b>13a. FATHER'S NAME</b> <b>William L. Thomas</b>	
<b>13b. MOTHER'S MAIDEN NAME</b> <b>Rose Arnold</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>None</b>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>57-12 5183</b>		<b>17. INFORMANT'S SIGNATURE OR NAME.</b> <b>Paul A. Thomas</b>		<b>ADDRESS</b> <b>Santa Monica St.</b>	

<b>18. CAUSE OF DEATH</b> 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.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>4-5 day</b>	
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Osteomyelitis</b>		<b>18.24 mo</b>	
		DUE TO (c) <b>Paratyphoid lower enteritis</b>		<b>30 yrs</b>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>3</b>		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from May, 1951, to June, 1953 that I last saw the deceased alive on 25 June, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>O. Bruffin M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>Buffalo Mo</b>		<b>23c. DATE SIGNED</b> <b>11 July 53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>BURIAL</b>		<b>24b. DATE</b> <b>7-5-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>MISSION RIDGE</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Dallas Co MO</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Allen W. Vaughan</b>		<b>ADDRESS</b> <b>Urbana Mo</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>7-13-53</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Ernest Peterson</b>			

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

300  
48  
20  
1

01251-192

**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.

Signed \_\_\_\_\_

*Allen W. Vaughan*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Uphons, 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.