

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29149

State File No.

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 4257 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Post Oak T.S.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Post Oak Township</u>	
c. LENGTH OF STAY (In this place) <u>67yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R.R. No. 1, Leeton, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, R.R. 1, Leeton, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alonzo M.</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 31, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>May 31, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warren County, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Alonzo Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Tucker</u>	14. NAME OF HUSBAND OR WIFE <u>Mollie C. Thomas, Deceased</u>
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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>Bacil Thomas</u> ADDRESS <u>R.R. 1, Leeton, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Insufficiency</u>		<u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Arteriosclerotic Heart Dis.</u> DUE TO (c) _____		<u>3 1/2 yrs.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) <u>Warrensburg, Missouri</u>
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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? _____
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22. I hereby certify that I attended the deceased from 4-18, 1952, to 8-31, 1953, that I last saw the deceased alive on 8-31, 1953, and that death occurred at 1:25 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Claude M. Shuber M.D.</u>	23b. ADDRESS <u>Windsor, Missouri</u>	23c. DATE SIGNED <u>9-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-2-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept 5, 1953</u>	REGISTRAR'S SIGNATURE <u>Nannie D. Walker</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. V. Saunders</u> ADDRESS <u>Warrensburg, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

SEP 20 1953

RECEIVED
SEP 8 1953

JOHNSON COUNTY HEALTH DEPT.

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed W. B. Baumbach

Licensed Embalmer No. 3377

P. O. Address W. B. Baumbach

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.