

S. No. 300  
V. 10. 48

FILED AUG 21 1953 STANDARD CERTIFICATE OF DEATH

State File No. 30769

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6118 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Scott County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott County</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Sylvania Twp.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Perkins, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Perkins</u>		d. STREET ADDRESS (If rural, give location) <u>1000</u>	
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>MARTIN</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 12, 1953</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 6, 1878</u>
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Scott County, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joseph Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary May</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Henry Thomas - Son, Mo. Rt.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vascular Hypertension</u> DUE TO (c) _____ 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 _____	
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) _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>1952</u> , to <u>8/12, 1953</u> , that I last saw the deceased alive on <u>8/1, 1953</u> , and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.A. Clark M.D.</u> (Degree or title)		23b. ADDRESS <u>Oran Mo.</u>	
23c. DATE SIGNED <u>8/14/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>8-14-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Perkins Cemetery, Perkins, Mo.</u>	
24d. LOCATION (City, town, or county) _____ (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Margen, Advance, Mo.</u> ADDRESS _____	
DATE REC'D BY LOCAL _____		REGISTRAR'S SIGNATURE <u>Clayton A. Bridges</u>	
AUG 21 1953		_____	

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

1000

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*William H. Morgan*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4646*

P. O. Address *Adwain, 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.