

0.300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36583

State File No. \_\_\_\_\_

FILED NOV 2 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5786 Registrar's No. 99

1. PLACE OF DEATH  
a. COUNTY Mississippi  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt  
c. LENGTH OF STAY (in this place) 8 yrs.  
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen. Del.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)  
a. STATE Missouri b. COUNTY Miss.  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wyatt  
d. STREET ADDRESS (If rural, give location) Gen. Del.

3. NAME OF DECEASED (Type or Print)  
a. (First) Maud b. (Middle) \_\_\_\_\_ c. (Last) Thomas  
4. DATE OF DEATH (Month) (Day) (Year) October 2, 1953

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Aug. 10, 1893 9. AGE (In years last birthday) 60 if UNDER 1 YEAR Months 1 Days 22 if UNDER 24 HOURS Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) Crawfordville, Miss. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Silas Thomas 13b. MOTHER'S MAIDEN NAME Anna Garrett 14. NAME OF HUSBAND OR WIFE Henry Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Eli Brewer, Gen. Del. ADDRESS Wyatt, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Ventricular Fibrillation INTERVAL BETWEEN ONSET AND DEATH DK  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic heart disease  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION none 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 4200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept 30, 1953, to Oct 2, 1953, that I last saw the deceased alive on Sept 30, 1953, and that death occurred at 5:05 P.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) E. P. Ralving, M.D. 22b. ADDRESS Charleston, Mo. 22c. DATE SIGNED 10-3-53

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Oct. 7, 1953 23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery 23d. LOCATION (City, town, or county) (State) Charleston, Missouri

DATE REC'D BY LOCAL REG. 10-28-53 REGISTRAR'S SIGNATURE Jean Deane 480 25. FUNERAL DIRECTOR'S SIGNATURE F. J. Sparks ADDRESS Charleston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

OCT 30 REC'D  
RECEIVED

Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Filed OCT 30 1959

**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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, 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.