

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4650**

FILED MAR 15 1954

REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4214** Registrar's No. **323**

3420

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

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deepwater	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 420	
3. NAME OF DECEASED (Type or Print) a. (First) Delilah		b. (Middle) Jane	
		c. (Last) Thomas	
		4. DATE OF DEATH (Month) (Day) (Year) March 8th 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 28th 1868
9. AGE (In years last birthday) 86		10. MONTHS 1 11. DAYS 10 12. HOURS 13. MIN. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (City and State or Foreign Country) Iberia Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME K.W. Stone		13b. MOTHER'S MAIDEN NAME Ann Smith	
14. NAME OF HUSBAND OR WIFE C.W. Thomas Deepwater Mo			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Wayne Thomas Deepwater Mo		ADDRESS 	
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) PARALYSIS.		INTERVAL BETWEEN ONSET AND DEATH 13-20-54	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS	
ANTECEDENT CAUSES HYPERTENSION.		DUE TO (b) 	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) 	
Conditions contributing to the death but not related to the disease or condition causing death. 444 X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) DEEPWATER? MO HENRY MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from OCTOBER, 1940 , to MARCH 8th, 1954 , that I last saw the deceased alive on MARCH 8th, 1954 , and that death occurred at 11/17 AM. , from the causes and on the date stated above.			
23a. SIGNATURE DOR Thomas		23b. ADDRESS D. O. DEEPWATER? MISSOURI.	
		23c. DATE SIGNED 3-9-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3. 10. 1954	
24c. NAME OF CEMETERY OR CREMATORY Deepwater Cemetery		24d. LOCATION (City, town, or county) (State) Deepwater Missouri	
DATE REC'D BY LOCAL REG. Mar-9-54		REGISTRAR'S SIGNATURE Florence Adair	
25. FUNERAL DIRECTOR'S SIGNATURE Gene Hunt		ADDRESS Deepwater Mo	

MAR 17 1954

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 _____

Licensed Embalmer No. 2942

P. Q. Address Deepwater

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.