

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16665

State File No.

Registrar's No. 754

BIRTH NO. _____		REG. DIST. NO. <u>213</u>		PRIMARY REG. DIST. NO. <u>5781</u>		State File No.		Registrar's No. <u>754</u>	
1. PLACE OF DEATH a. COUNTY: <u>Miller</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Miller</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: <u>Brumley Rural Glaize Twp</u>			c. LENGTH OF STAY (In this place): _____		c. CITY OR TOWN: <u>Brumley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Brumley, Missouri</u>				e. STREET ADDRESS (If rural, give location): <u>Glaize Twp.</u> <u>0662</u>					
3. NAME OF DECEASED (Type or Print) a. (First): <u>Louis Daniel</u> b. (Middle): <u>Thomas</u> c. (Last): _____			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1, 1954</u>						
5. SEX: <u>M</u>	6. COLOR OR RACE: <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>Sept. 10, 1887</u>		9. AGE (In years last birthday): <u>66</u>	IF UNDER 1 YEAR: Months _____ Days _____	IF UNDER 6 HRS: Hours _____ Min. _____		
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: _____		11. BIRTHPLACE (City and State or Foreign Country): <u>Belleville, Ill</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME: <u>John Morley Thomas</u>		13b. MOTHER'S MAIDEN NAME: <u>Williams</u>		14. NAME OF HUSBAND OR WIFE: <u>Sarah Thomas</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>	16. SOCIAL SECURITY NO.: <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME: <u>Hannah Thomas</u>	ADDRESS: <u>2826 Bond Ave East St. Louis, Ill</u>						
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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH: <u>Sudden</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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: <u>4201</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input 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): _____						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.): _____	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 <u>5-8-1954</u> , to <u>5-31-1954</u> , that I last saw the deceased alive on <u>5-2-9-1954</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE: <u>M. E. Humphrey D.O.</u>				23b. ADDRESS: <u>Sussumba, Mo. 6-2-54</u>		23c. DATE SIGNED: _____			
24a. BURIAL, CREMATION, REMOVAL (Specify): <u>Removal</u>	24b. DATE: <u>6/3/54</u>	24c. NAME OF CEMETERY OR CREMATORY: <u>Walnut Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State): <u>Belleville, Ill</u>					
DATE REC'D. BY LOCAL REG.: <u>6/2/54</u>	REGISTRAR'S SIGNATURE: <u>Mrs C R Hawkins</u>		25. FUNERAL HOME OR ADDRESS: <u>Hedges Funeral Homes Inc Iberia, Mo</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

MILLER

JUN 14 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 Signature of Student Embalmer

Signed *Walter J. Hedges*

Licensed Embalmer No. *4265*

P. O. Address *Paris, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.