

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22389

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>55</u>	PRIMARY REG. DIST. NO. <u>5792</u>	Registrar's No. <u>261</u>
1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Combs Twp."</u>		c. CITY OR TOWN <u>Carrollton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>1 to</u>		e. STREET ADDRESS (If rural, give location) <u>Rural "Combs Twp" 0170</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>11 Miles East of Carrollton</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roscoe</u> b. (Middle) <u>Allen</u> c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 3 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 7, 1893</u>	9. AGE (In years last birthday) <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Carroll County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Jake Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Susan Poe</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Robison Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>not</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Mary Robison Thomas</u> ADDRESS <u>Carrollton Mo</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Pancreas</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.		INTERVAL BETWEEN ONSET AND DEATH <u>6 Months</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>157X</u>		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)		
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>Sept 30, 1953</u> , to <u>Aug 3, 1954</u> , that I last saw the deceased alive on <u>July 30, 1954</u> , and that death occurred at <u>6 A. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>John H. Platz</u> (Type or Print)		23b. ADDRESS <u>MA 9 Carrollton, Mo.</u>		23c. DATE SIGNED <u>8/3/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-5-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/6/54</u>	REGISTRAR'S SIGNATURE <u>Mr. Herbert C. Clark</u>	45 -	25. FUNERAL DIRECTOR'S SIGNATURE <u>Strindley &amp; Gibson</u> ADDRESS <u>Carrollton Mo</u>	

(Licensed Embalmers' Statement on Reverse Side)

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

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 *Stanley W. Gibbs*.....

Licensed Embalmer No. 2961.....

P. O. Address *Carrollton*.....

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.