No. 300
10-48

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23300

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 118

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Prairie Township
c. LENGTH OF STAY (in this place): 8mo3da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Jackson County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: missouri
b. COUNTY: jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence 700 5
d. STREET ADDRESS (If rural, give location): 400 East Short 1

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): ——
c. (Last): Thacker

4. DATE OF DEATH (Month) (Day) (Year): 7 - 5 - 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 3
8. DATE OF BIRTH: 6/2/1875
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 1, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Sante Fe.
10b. KIND OF BUSINESS OR INDUSTRY: Sect. Forman
11. BIRTHPLACE (State or foreign country): Glasgow, ~~Camden~~, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Thacker
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 495-24-7783
17. INFORMANT'S SIGNATURE OR NAME: G. L. Thacker — ADDRESS: Indep. Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): _____
DUE TO (c): Arterio Sclerosis

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: 332X
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 11, 2, 1953, *to* 7, 5, 1954, *that I last saw the deceased alive on* 7.5, 1954, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Watman, M.D. 0
23b. ADDRESS: Jackson County Hospital
23c. DATE SIGNED: 7/5/1954

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/7/54
24c. NAME OF CEMETERY OR CREMATORY: Six Mile Cemetery
24d. LOCATION (City, town, or county) (State): Jackson County, Mo.

DATE REC'D BY LOCAL REG.: 7-6-54
REGISTRAR'S SIGNATURE: N B Langsford 493
25. FUNERAL DIRECTOR'S SIGNATURE: Geo C. Carson — ADDRESS: Indep. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 22 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 F. D. Gibson

Licensed Embalmer No. 4871

P. O. Address Sedalia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.