

FILED JUL 30 1954

STANDARD CERTIFICATE OF DEATH

State File No. 25942

BIRTH NO. _____		REG. DIST. NO. <u>332</u>		PRIMARY REG. DIST. NO. <u>3074</u>		Registrar's No. <u>99</u>				
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Stoddard</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>			c. LENGTH OF STAY (in this place) <u>8 yrs</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Puxico Mo 1031</u>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>242 E. Gladys</u>				d. STREET ADDRESS (If rural, give location) <u>—</u>						
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Thomas</u>		b. (Middle) <u>H.</u>		c. (Last) <u>Lomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Nov. 21 1870</u>		9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u>	IF UNDER 6 HRS. Hours <u>—</u> Min. <u>—</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (State or foreign country) <u>Marion Ill. 1</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Lomas</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Hicks</u>			14. NAME OF HUSBAND OR WIFE <u>Deceased</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Powell</u>					ADDRESS <u>243 E. Sikeston 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>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Age and weakness</u> DUE TO (c) <u>Cancer of the Stomach and Oesophagus</u> 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>12 days</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>151X</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) <u>Sikeston Scott Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>						
22. I hereby certify that I attended the deceased from <u>Jan 20, 1954</u> , to <u>July 11, 1954</u> , that I last saw the deceased alive on <u>July 11, 1954</u> , and that death occurred at <u>11:00 p.m.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>B. L. McMullen</u>				23b. ADDRESS <u>Stallcup Bldg Sikeston</u>		23c. DATE SIGNED <u>7-21-1954</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-14-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Puxico</u>		24d. LOCATION (city, town, or county) (State) <u>Puxico Mo</u>				
DATE REC'D BY LOCAL REG. <u>7-22-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Gloyd Morgan</u>		ADDRESS <u>Puxico Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26 1954

DATE RECEIVED _____

SCOTT CO. HEALTH DEPT.

OO. FILE No. 754-146

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 William H Morgan

Licensed Embalmer No. 04640

P. O. Address Parsons, 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.