

STANDARD CERTIFICATE OF DEATH

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 145

1. PLACE OF DEATH  
 a. COUNTY Vernon  
 b. CITY (If outside corporate limits, write RURAL and give town) Wash. Township  
 c. LENGTH OF STAY (in this place) 2 m 3 d.  
 d. FULL NAME OF HOSPITAL OR INSTITUTION State Hosp 3 Nevada Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo. b. COUNTY Benton  
 c. CITY OR TOWN Warsaw  
 d. Is Residence within limits of a city or incorporated town? Yes  No   
 STREET ADDRESS (If rural, give location) rural 0080

3. NAME OF DECEASED (Type or Print)  
 a. (First) GEORGE b. (Middle) - WILEY c. (Last) - THOMAS  
 4. DATE OF DEATH (Month) (Day) (Year) Sept 22, 1954

5. SEX male 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Jan 6, 1879 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR: Months 8 Days 14 IF UNDER 14 HRS: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) f. farmer 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and State or Foreign Country) Camden County Mo 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Lafayette Thomas 13b. MOTHER'S MAIDEN NAME Phillips 14. NAME OF HUSBAND OR WIFE Blanch Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Records State Hosp 3 Nevada 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) Arteriosclerotic Heart Disease INTERVAL BETWEEN ONSET AND DEATH acute  
 ANTECEDENT CAUSES 3 days  
 \*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
 DUE TO (b) arteriosclerosis unk.  
 DUE TO (c) \_\_\_\_\_  
 II. OTHER SIGNIFICANT CONDITIONS  
Senile Psychosis

19a. DATE OF OPERATION no 19b. MAJOR FINDINGS OF OPERATION none 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no 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) \_\_\_\_\_ 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 July 19, 1954, to Sept 22, 1954, that I last saw the deceased alive on Sept 21, 1954 and that death occurred at 1:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Paul L. Barone, M.D. 23b. ADDRESS State Hosp 3 Nevada Mo 23c. DATE SIGNED Sept 23/54

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE 9-22-54 24c. NAME OF CEMETERY OR CREMATORY Warsaw Cemetery 24d. LOCATION (City, town, or county) (State) Warsaw, Mo

DATE REC'D BY LOCAL REG 9-28-54 REGISTRAR'S SIGNATURE Arma J. Ferry 4519 FUNERAL DIRECTOR'S SIGNATURE Paul Funeral Home ADDRESS Warsaw Mo

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. 502 working under my personal supervision..

Student Francis Coe Marsh  
Signature of Student Embalmer

Signed Rory F. Milster  
Licensed Embalmer No. 480  
P. O. Address Nevada, N.

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.