

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 7 1954

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 5-444 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY OR TOWN <u>Rural Athens township</u>		c. CITY OR TOWN <u>New Hampton MO</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>18 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>2 1/2 mile N.W. of New Hampton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 5 1/2 mile N.W. of New Hampton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>A MOS</u> b. (Middle) <u>MANFORD</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 30 1954</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>July 8 1882</u>		9. AGE (In years last birthday) <u>72</u> Months <u>4</u> Days <u>22</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>Land owner</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gentry County MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>William Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Cosby Crabtree</u>	14. NAME OF HUSBAND OR WIFE <u>Sylvia Thomas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Sylvia Thomas</u> ADDRESS <u>New Hampton</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>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 MIN</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u>		<u>5 yrs</u>
	DUE TO (c) <u>Chronic interstitial nephritis</u>		<u>7 yrs.</u>
	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>592X</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)	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 Oct. 1953 to Nov 30, 1954, that I last saw the deceased alive on Nov-27, 1954, and that death occurred at 8:05 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>R-L Green</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>New Hampton Mo</u>	23c. DATE SIGNED <u>12-1-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 2 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Loan Star Cemetery</u>
DATE REC'D BY LOCAL REG. <u>Dec. 1-1954</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	24d. LOCATION (City, town, or county) (State) <u>Gentry County MO</u>
	25. FUNERAL DIRECTOR'S SIGNATURE <u>W H Noble & Son</u> ADDRESS <u>New Hampton mo</u>	

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

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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 ML....., Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. H. Noble.....

Licensed Embalmer No. 2904

P. O. Address New Hampsh

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.