

FILED MAY 31 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15217

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 452

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Johns Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds Spring</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Randall</u> b. (Middle) <u>Thogmartin</u> c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1955</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 3-1903</u>
9. AGE (In years last birthday) <u>52</u> 10. UNDER 1 YEAR Months <u>3</u> Days <u>19</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State, or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Avery Thogmartin</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Cox</u>	
14. NAME OF HUSBAND OR WIFE <u>Opal Thogmartin</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>537-10-1634</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Opal Thogmartin</u>	
18. NAME OF DEATH Enter only one cause per line for (a), (b), and (c) <u>IN FACTOR OF MYOCARDIUM</u>		19. ADDRESS <u>Reeds Spring, Mo.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>IN FACTOR OF MYOCARDIUM</u>		II. OTHER SIGNIFICANT CONDITIONS <u>ALCOHOLISM, ACUTE,</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROTIC CORONARY THROMBOSIS</u> DUE TO (c) _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>MAY 20, 1955</u> , to <u>MAY 22, 1955</u> , that I last saw the deceased alive on <u>MAY 22, 1955</u> , and that death occurred at <u>12:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Blair D. New, M.D.</u>		23b. ADDRESS <u>Springfield, Mo.</u>	
23c. DATE SIGNED <u>5/23/55</u>		24a. BURNIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	
24b. DATE <u>5/23/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greene, Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>Greene, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harlowe T. ...</u>	
DATE REC'D BY LOCAL REG. <u>5-23-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Harlowe T. ...</u>		ADDRESS <u>...</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1956

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 _____

Lewis J. Scheraga

Licensed Embalmer No. _____

38,012

P. O. Address _____

Springfield

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.