

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20442

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4950**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MISSOURI</b>		c. LENGTH OF STAY (In this place)	a. STATE <b>Illinois</b> b. COUNTY <b>Christian</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>		c. CITY OR TOWN <b>Pana</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
		e. STREET ADDRESS <b>Frances Hotel</b>	<b>8128</b>

3. NAME OF DECEASED (Type or Print)	a. (First) <b>FRANK</b>	b. (Middle) <b>N.</b>	c. (Last) <b>THOMAS</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 6, 1955</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>May 15, 1902</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>53</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Coal miner</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Pana, Illinois</b>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <b>Andrew Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Fortuna</b>	14. NAME OF HUSBAND OR WIFE <b>--</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>	16. SOCIAL SECURITY NO. <b>343-07-6496</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>D.J. Kennedy &amp; Sons Pana, Illinois</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Congestive Heart Failure</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Massive Infarction of the Kidney</b> DUE TO (c)		<b>6 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Thrombosis of the distal aorta</b>			

19a. DATE OF OPERATION <b>5/31/55</b>	19b. MAJOR FINDINGS OF OPERATION <b>Same as above</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>603x</b>
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22. I hereby certify that I attended the deceased from **5-29-**, 19 **55**, to **6-6-**, 19 **55**, that I last saw the deceased alive on **6-6-**, 19 **55**, and that death occurred at **10:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>C. D. Vermillion, M.D.</b>	(Degree or title)	23b. ADDRESS <b>BARNES HOSPITAL</b>	23c. DATE SIGNED <b>6-7-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-10-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY</b>	24d. LOCATION (City, town, or county) (State) <b>PANA, CHRISTIAN CO IL</b>
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DATE REC'D BY LOCAL REG. <b>JUN 7 1955</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. Raymond Kennedy PANA IL</b>
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(Licensed Embalmer's Statement on Reverse Side)

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. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *C. Raymond Kennedy*

Licensed Embalmer No..... *H.*

P. O. Address *PANA 16*

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.