

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26902

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 63

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MARCELINE</u>		c. CITY OR TOWN <u>MARCELINE</u>	
c. LENGTH OF STAY (in this place) <u>45 yrs.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>1591</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>230 W. WALKER</u>		STREET ADDRESS (If rural, give location) <u>230 W. WALKER</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>BERTSEL</u>	b. (Middle) <u>JAY</u>	c. (Last) <u>THOMAS</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>MAY 16 1883</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUSINESSMAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLEANER</u>	9. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR Months <u>2</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>R.L. THOMAS</u>		11b. MOTHER'S MAIDEN NAME <u>CLARA SIMMONS</u>	11c. NAME OF HUSBAND OR WIFE <u>ANNA THOMAS</u>
12a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BUSINESSMAN</u>		12b. KIND OF BUSINESS OR INDUSTRY <u>CLEANER</u>	
12c. BIRTHPLACE (City and State or Foreign Country) <u>LAFATA MO. 0</u>		12d. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>R.L. THOMAS</u>	13b. MOTHER'S MAIDEN NAME <u>CLARA SIMMONS</u>	13c. NAME OF HUSBAND OR WIFE <u>ANNA THOMAS</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>499-36-6356</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Halle B. Gillette</u> ADDRESS _____

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) <u>myocardial infarction</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> coronary thrombosis</u> DUE TO (c) <u> generalized arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Emphysema</u>		4201	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Jan 1955 to July 26, 1955, that I last saw the deceased alive on July 26, 1955, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Jay</u> (Degree or title) _____	23b. ADDRESS <u>Marceline Mo.</u>	23c. DATE SIGNED <u>7-29-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-29-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olive</u>
24d. LOCATION (City, town, or county) (State) <u>MARCELINE MO.</u>		

DATE REC'D BY LOCAL REG. <u>8-4-55</u>	REGISTRAR'S SIGNATURE <u>M. J. Redgway</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller-Tollman</u> ADDRESS <u>Marceline Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1958

MAY 10 1958

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 *Libburn K. Tulliat*.....

Licensed Embalmer No. *45*  
P. O. Address *March*

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.