No. 300
10-48

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43120

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sweet Springs
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 316 Spring St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Saline
c. CITY OR TOWN: Sweet Springs
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 316 Spring St. 0970

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Richard
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): Dec 17 1955

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 19, 1903
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Int. Shoe factory
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and State or Foreign Country): Near Knobnoster, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Dave C. Thomas
13b. MOTHER'S MAIDEN NAME: Francis Hill
14. NAME OF HUSBAND OR WIFE: Maude Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 487-01-3655
17. INFORMANT'S SIGNATURE OR NAME: Mrs Maude Thomas, ADDRESS: Sweet Springs

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Broken ribs and
DUE TO (c): Automobile Injury

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: No

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) 097 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12 16 55 m.
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* 12-16, 1955, *to* 12-17, 1955, *that I last saw the deceased alive on* 12-17, 1955, *and that death occurred at* 3:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Hale D.O. (Degree or title) D.O.
23b. ADDRESS: Sweet Springs Mo
23c. DATE SIGNED: 12-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Dec 19 1955
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Sweet Springs Missouri

DATE REC'D BY LOCAL REG.: Dec. 18, 1955
REGISTRAR'S SIGNATURE: Mary Moseley 509
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Edgar L Moseley, Sweet Springs Mo

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

DEC 8 0 [illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Edgar L Moseley

Licensed Embalmer No. 471

P. O. Address Sweet Sam

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