

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 4468

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY GRUNDY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY GRUNDY		
b. CITY OR TOWN TRENTON		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN TRENTON		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 1616 CHESTNUT ST.			e. STREET ADDRESS (If rural, give location) 1616 CHESTNUT ST 04025		

3. NAME OF DECEASED (Type or Print) FELIX DONALD THOGMARTIN			4. DATE OF DEATH (Month) (Day) (Year) JAN 21 1956						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH JUNE 15 1890	9. AGE (In Years last birthday) 65	10. MONTHS 0	11. DAYS 0	12. HOURS 0	13. MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAINTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) MERCER CO. MO		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME MARCLIS THOGMARTIN		13b. MOTHER'S MAIDEN NAME FANNIE VANDERPOOL		14. NAME OF HUSBAND OR WIFE LEOLA MILLER			
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. 499-20-2915		17. INFORMANT'S SIGNATURE OR NAME ED THOGMARTIN		ADDRESS Spickard MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in left chest				instant	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
		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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 976x	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 21, 1956 to xxxxx, 19\_\_\_\_, that I last saw the deceased alive on xxxxxxxxxx, and that death occurred at 2:00p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Donald H. Slater County Coroner		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED 1-23-56	
--	--	---------------------------	--	--------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-24-1956	24c. NAME OF CEMETERY OR CREMATORY MASONIC CEM.	24d. LOCATION (City, town, or county) (State) Spickard MO
--	---------------------	---	---

DATE REC'D BY LOCAL REG. 1-25-56	REGISTRAR'S SIGNATURE Gene Jan 15	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schooler Funeral Home Spickard Mo.
----------------------------------	-----------------------------------	---

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..... *Cross Wise* .....

Licensed Embalmer No. *3771*

P. O. Address *Spickard M* .....

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.