

FILED MAY 25 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18758

State File No. _____

318

1003

Registrar's No. 4526

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homer Phillips Hospital				e. STREET ADDRESS (If rural, give location) 3021 Lawton			
3. NAME OF DECEASED (Type or Print) a. (First) Fannie b. (Middle) _____ c. (Last) Thomas			4. DATE OF DEATH (Month) May (Day) 5 (Year) 1956				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 23, 1916	
9. AGE (In years last birthday) 39		10. MONTHS 6		11. DAYS 12		12. HOURS & MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) YMCA			10b. KIND OF BUSINESS OR INDUSTRY unknown		11. BIRTHPLACE (City and State or Foreign Country) Mississippi		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Marion Riddle			13b. MOTHER'S MAIDEN NAME Sally Cochrell		14. NAME OF HUSBAND OR WIFE Johnny Thomas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Viola White		ADDRESS 4223 E. Cook	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Shock & Internal Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH _____					
ANTECEDENT CAUSES <i>following gunshot wound by abdominal suffered when guard was discharged in scuffle between deceased and John Thomas (col) in room of house 3024 Lawton about 25 am.</i>		MORBID CONDITIONS, if any, giving rise to the above cause (a) _____ the underlying cause last.					
II. OTHER SIGNIFICANT CONDITIONS <i>Accidental as homicide</i>		Conditions contributing to the death but not related to the disease or condition causing death _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT, SUICIDE, HOMICIDE <i>Verdict</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21e. 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 A.M., from the causes and on the date stated above.							
22a. SIGNATURE <i>Patrick E. Taylor Corcoran</i> (Degree or title) _____				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>5.9.56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>May 11, 56</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Aberdeen</i>		24d. LOCATION (City, town, or county) (State) <i>Aberdeen, Mississippi</i>	
DATE REC'D BY LOCAL REG. <i>MAY 9 1956</i>		REGISTRAR'S SIGNATURE <i>Carl Smith</i>			25 FUNERAL DIRECTOR'S SIGNATURE <i>W. E. Brown</i> ADDRESS <i>1221 N. Grand</i>		

WRITE PLAINLY—USING UNFADEING 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 *Flavio C. ...*

Licensed Embalmer No. 478

P. O. Address 1217 ...

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.