

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **21550**

FILED JUL 2 1956

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. 6001		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY RALL'S				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RALLS			
b. CITY OR TOWN Rural Saline Township		c. LENGTH OF STAY (in this place) 4 yrs.		c. CITY OR TOWN Monroe City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe City, RED #1				STREET ADDRESS (If rural, give location) RED #1 0870			
3. NAME OF DECEASED (Type or Print) James Martin THOMAS		a. (First) James b. (Middle) Martin c. (Last) THOMAS		4. DATE OF DEATH (Month) (Day) (Year) June 24th 1956			
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH May 20th 1952	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) 4 IF UNDER 1 YEAR Months 1 Days 4 IF UNDER 24 HRS. Hours 4 Min. _____		11. BIRTHPLACE (City and State or Foreign Country) HANNIBAL Marion County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME JOHN DAVID THOMAS		13b. MOTHER'S MAIDEN NAME ANNA LUCILLE ADAM		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME J. D. Thomas		ADDRESS Monroe City, Mo. RED #1	
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* (a) DROWNED by falling into farm pond			
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. 9291			
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) ACCIDENT		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm		21c. (CITY, TOWN, OR TOWNSHIP) Saline Township (COUNTY) RALLS (STATE) MISSOURI			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 24 1956 3 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? While Playing Around farm Pond.			
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 3 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE Clyde C. Wilkey (Degree or title) Coroner				23b. ADDRESS Perry, Mo. Ralls Co.		23c. DATE SIGNED 6/24/1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 26 1956		24c. NAME OF CEMETERY OR CREMATORY ST STEVENS Cemetery		24d. LOCATION (City, town, or county) (State) Monroe County, Missouri	
DATE REC'D BY LOCAL REG. 6/26/1956		REGISTRAR'S SIGNATURE Clyde C. Wilkey		25. FUNERAL DIRECTOR'S SIGNATURE WILSON & SONS		ADDRESS Monroe City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

1903 218

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 W. J. M. S. Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student, Embalmer

Signed Leslie L. Wilcox.....

Licensed Embalmer No. 3017

P. O. Address Monroe, C.

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.