

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38583

STATE FILE NUMBER

FILED NOV 20 1956

Registration District No. 170 Primary Registration District No. 5628 Registrar's No. 182

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Falcon Gasconade</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Falcon</u> ⁰⁵³⁰ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Reeder Rest Home 5 WKS</u> Length of stay in lb		d. STREET ADDRESS (If outside, give location) <u>Reeder Rest Home</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Franklin</u> Last <u>Thomas</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>10</u> Year <u>1956</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 16, 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	9. AGE (In years last birthday) <u>73</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Falcon Mo.</u>
13. FATHER'S NAME <u>William W. Thomas</u>		14. MOTHER'S MAIDEN NAME <u>Martha Ellen Myers</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>494-18-8323</u>	
17. INFORMANT <u>Josephine Thomas</u> Address <u>Falcon Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Decompensation & coronary insufficiency</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ a. m. _____ p. m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY _____ STATE _____
21. I attended the deceased from <u>August, '56</u> to <u>Nov. 9, '56</u> and last saw her alive on <u>Nov. 9, '56</u> Death occurred at <u>2: A.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>W. C. Cunningham, M.D.</u>		22b. ADDRESS <u>Lebanon, Mo.</u>	22c. DATE SIGNED <u>11-12-56</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11/12/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Home Cemetery near Falcon, Mo.</u>	23d. LOCATION (City, town, or county) (State) _____
24. FUNERAL DIRECTOR <u>Helman Funeral Home Lebanon Mo.</u> ADDRESS _____	25. DATE RECD. BY LOCAL REG. <u>11-12-1956</u>	26. REGISTRAR'S SIGNATURE <u>Hella L. Hays</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Ceroner cannot certify to a death due to natural causes.

Received 11-19-56
Laclede County Health Unit
File No. 182
Date Filed 11-19-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Dorsey M. How

Licensed Embalmer No. 4

P. O. Address Leban

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