

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3818

FILED FEB 25 1957

STATE FILE NUMBER

180

Registration District No. 42

Primary Registration District No. 1000

Registrar's No.

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph ⁰¹¹⁵ ₀	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hovey Nursing Home 110 S. 10th St.		d. STREET ADDRESS 410 Sycamore St. (If outside, give location)	
Length of stay in lb unknown		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First JEFFERSON Middle Last THOMAS			4. DATE OF DEATH Feb. 18, 1957 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 8, 1878		9. AGE (In years last birthday) 78
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) unknown ⁷		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jefferson Thomas			14. MOTHER'S MAIDEN NAME Rose Carter		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 498-24-6599		17. INFORMANT Address Hovey Nursing Home 110 S. 10th St. St. Joseph, Mo.	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b) Arteriosclerotic Heart Disease		
DUE TO (c)		Ukn.
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"/>		4200

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, Year 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 2-14-57 to 2-18-57 and last saw ^{Rev} him alive on 2-18-57		
Death occurred at 11:30pm m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) S. E. McLeary M.D.		22b. ADDRESS Kirkpatrick Building St. Joseph, Missouri
		22c. DATE SIGNED 2-19-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 22, 57	23c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
24. FUNERAL DIRECTOR ADDRESS Clark Funeral Home St. Joseph, Mo.		25. DATE RECD. BY LOCAL REG. Feb 21, 1957	26. REGISTRAR'S SIGNATURE Eather M. Allison

(Licensed Embalmer's Statement on Reverse Side)

alth, Welfare, Public Health, Services, 100-56, 4, 185, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Buchanan
 30. Joseph
 x
 x
 110 S. 10th St.
 Loyal Writting Home
 Feb. 18, 1927
 THOMAS
 Apr. 3, 1888
 Unknown
 White
 Male
 Laborer
 Railroad
 Unknown
 U.S.A.
 Jefferson Thomas
 Rose Carter
 110 S. 10th St.
 408-24-6500

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 Paul E. Clark, Student Embalmer No. 53

working under my personal supervision.

Student Paul F. Clark
Signature of Student Embalmer

Signed Emmanuel Clark

Licensed Embalmer No. 47

P. O. Address St. Mary

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.

City of St. Louis, Mo.