

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5337

STATE FILE NUMBER

FILED MAR 5 1957

Registration District No. 166 Primary Registration District No. 5605 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Washington Township</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Sedalia</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>HOSPITAL OR Whiteman AF Base</u>			Length of stay in 1b <u>4 days</u>	d. STREET ADDRESS (If outside, give location) <u>1106 W 10th</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Stephen</u> Middle <u>-</u> Last <u>Thomas</u>				4. DATE OF DEATH Month <u>February</u> Day <u>21</u> Year <u>1957</u>			
5. SEX <u>Male</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>July 1, 1917</u>		9. AGE (In years last birthday) <u>40</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Military</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>US Navy</u>		11. BIRTHPLACE (City and state or country) <u>Cannon, Ohio</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Andrew Thomas (Deceased)</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes 19 Yrs</u>		16. SOCIAL SECURITY NO. <u>270-01-5082</u>		17. INFORMANT (Wife) <u>Elizabeth L. Thomas</u> Address <u>1106 W 10th St Sedalia, Mo</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>Cerebral hemorrhage of frontal lobe, with extensive encephalomalacia due to venous thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension, of undetermined etiology</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I((n)) <u>Lobar pneumonia, rt. lower lobe</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							<u>332X</u>
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.) <u>d</u>				
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 <u>17 Feb 57</u> to <u>21 Feb 57</u> and last saw <u>him</u> alive on <u>21 Feb 57</u> Death occurred at <u>9:05</u> A m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>JACK R. RABENBERG MD</u> (Degree or title)				22b. ADDRESS <u>Whiteman AF Base, Missouri</u>		22c. DATE SIGNED <u>21 Feb 1957</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>2-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Funeral Home</u>		23d. LOCATION (City, town, or county) (State) <u>Oklahoma City, Oklahoma</u>		
24. FUNERAL DIRECTOR <u>W. B. Brumbyer</u> ADDRESS <u>Warrensburg Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2/23/57</u>		26. REGISTRAR'S SIGNATURE <u>Carroll E. Beatty</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 8 1954

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 *W.A. Brundage*

Licensed Embalmer No. 33

P. O. Address *Warrensburg*

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.