FILED FEB 27 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5797 STATE FILE NUMBER

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): BOWLING GREEN — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): B.B. SPRINGS — Length of stay in 1b: 1 Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI COUNTY: PIKE
c. CITY OR TOWN: EOLIA 0820 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First THOMAS Middle HENRY Last
4. DATE OF DEATH: Month FEB. Day 10 Year 1957
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: SEPT 6, 1871
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): EOLIA, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: HIRAM HENRY
14. MOTHER'S MAIDEN NAME: UNKNOWN
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: OSWALD SHIELDS — Address: EOLIA, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 Years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 January 14-1957 to February 10-1957 and last saw him alive on February 10-1957
Death occurred at February 10-1957-10:A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: James B. Brock M.D. (Degree or title)
22b. ADDRESS: Bowling Green, Mo.
22c. DATE SIGNED: 2/12/57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 12, 1957
23c. NAME OF CEMETERY OR CREMATORY: EOLIA CEMETERY
23d. LOCATION (City, town, or county) (State): EOLIA, MISSOURI

24. FUNERAL DIRECTOR ADDRESS: GEO. M. COLLIER - LOUISIANA, MO.
25. DATE REC'D BY LOCAL REG.: 2/19/57
26. REGISTRAR'S SIGNATURE: Bill Robinson

(Licensed Embalmer's Statement on Reverse Side)

Illnesses 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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 38

P. O. Address Louisia

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.