FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34548

STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 4488 Registrar's No. 162

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VANDUSER — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Scott
c. CITY OR TOWN VANDUSER — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First LEVI Middle FRANKLIN Last THOMASON

4. DATE OF DEATH Month 9 Day 13 Year 1957

5. SEX MALE

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 7-4-1891

9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months 2 Days 15 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Trucker

10b. KIND OF BUSINESS OR INDUSTRY TRUCKING

11. BIRTHPLACE (City and state or country) SEDAN KANSAS

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME ALEXANDER THOMASON

14. MOTHER'S MAIDEN NAME BELLE HAMMON

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. 490-36-3986

17. INFORMANT Address Mrs Irtie Thomason, Vanduser 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) Coronary Occlusion (Found dead in easy chair in front of Television) — INTERVAL BETWEEN ONSET AND DEATH ?

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardio-Vascular Disease — 1 year.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 2

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 First call after death, to and last saw her/him alive on
Death occurred at About — 10:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Shelma C. Buckthorpe, M.D. Health Officer

22b. ADDRESS Benton Mo

22c. DATE SIGNED 9-20-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-16-57

23c. NAME OF CEMETERY OR CREMATORY Forrest Hills Memorial Gardens

23d. LOCATION (City, town, or county) Moaley (State) Mo

24. FUNERAL DIRECTOR ADDRESS Welsh Funeral Home, Sixeston Mo.

25. DATE RECD. BY LOCAL REG. 9-19-57

26. REGISTRAR'S SIGNATURE Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

DATE RECEIVED SEP 23 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 957-801

NOV 20 1957

MAR 11 1958

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Raymond Grew

Licensed Embalmer No. 3

P. O. Address Sikes

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.