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FILED FEB 10 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4087

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 20

1. PLACE OF DEATH
a. COUNTY: Saline
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marshall — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 115 East North St. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Saline
c. CITY OR TOWN: Marshall 297 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 882 South Redman St. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Arthur Middle: Gray Last: Thomas

4. DATE OF DEATH Month Day Year: February 5th 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Oct. 1st 1894

9. AGE (In years last birthday): 63 — 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): Proprietor

10b. KIND OF BUSINESS OR INDUSTRY: Automobile Agency

11. BIRTHPLACE (City and state or country): Saline County Missouri

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

13a. FATHER'S NAME: James M. Thomas

13b. MOTHER'S MAIDEN NAME: Annettie Harman

14. NAME OF HUSBAND OR WIFE: Alva Fray Thomas

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.: 487-09-0835

17. INFORMANT Address: Mrs Alva Fray Thomas, Marshall Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): Suicide. By Hanging — INTERVAL BETWEEN ONSET AND DEATH: 5 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Despondency.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 974 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [X] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): By hanging

20c. TIME OF INJURY: Hour a.m. p.m. 7 — Month, Day, Year: 2-5-58

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ford Garage, Marshall

20f. CITY, TOWN, OR LOCATION: Marshall — COUNTY: Saline — STATE: Mo.

21. I attended the deceased from Investigation 2-5-58 and last saw her/him alive on ____
Death occurred at 7 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O. L. Lawless M.D. Coroner Saline Co.

22b. ADDRESS: Marshall Mo.

22c. DATE SIGNED: 2-5-58

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

23b. DATE: 2-7-1958

23c. NAME OF CEMETERY OR CREMATORY: Lamine cemetery

23d. LOCATION (City, town, or county) (State): Cooper County Missouri

24. FUNERAL DIRECTOR ADDRESS: Campbell-Lewis, Marshall Mo.

25. DATE RECD. BY LOCAL REG.: 2-6-58

26. REGISTRAR'S SIGNATURE: Ceil S. Read

(Licensed Embalmer's Statement on Reverse Side)

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FEB 19 1958

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 James A. Lewis Jr.

Licensed Embalmer No. 4709

P. O. Address Marshall, M

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