

FILED FEB 18 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008578

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Schell City 1080
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada Hospital		Length of stay in 1b 2 hours	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Minnie Middle Thomas Last Thomas			4. DATE OF DEATH Month February Day 9 Year 1958
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1884 August 15,
9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Warsaw, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joshua Richardson	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE B. F. Thomas, Deceased	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Arthur Thomas Independence, Missouri		Address 730 1/2 Allen Rd.	
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			INTERVAL BETWEEN ONSET AND DEATH 1 hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive heart disease			2 yrs +
DUE TO (c) myocardial decompensation			4201
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"/>
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 a.m. Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <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 Sept 19, 1957 to Feb 9, 1958 and last saw her alive on Feb 9, 1958 Death occurred at 11:35 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ray W. Parry M.D. (Degree or title)		22b. ADDRESS Nevada, Mo.	22c. DATE SIGNED 2/11/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1958 February 12	23c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery	23d. LOCATION (City, town, or county) (State) Cedar County, Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Mo.		25. DATE RECD. BY LOCAL REG. 2-15-1958	26. REGISTRAR'S SIGNATURE Arma E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

Health,
Welfare
Public
Service300
-57USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of any disease in Part I must be causally related.

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 *L. Douglas Perry*

Licensed Embalmer No. *4960*

P. O. Address *.....*

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.