

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017291

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 19

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>WARSAW</u> ⁰⁰⁸⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>years</u>	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 Middle Last <u>JAMES SIMPSON THOMAS</u>			4. DATE OF DEATH Month Day Year <u>June 3 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov 25, 1881</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	9c. AGE (In years) (Last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>6</u> Days <u>8</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. FATHER'S NAME <u>unknown</u>		10b. MOTHER'S MAIDEN NAME <u>unknown</u>	10c. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) <u>No</u>		11. SOCIAL SECURITY NO. <u>No</u>	11. INFORMANT <u>Herbert L. Thomas</u> Address <u>Bremerton Wash.</u>
12. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 min.</u>
DUE TO (b) <u>Coronary Thrombosis & Myocardial Infarction</u> <u>2 days</u>			
DUE TO (c) <u>Arteriosclerosis</u> <u>4201</u> <u>3 yrs.</u>			
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 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 Death occurred at <u>Jan., 15, 1955</u>		and last saw her/him alive on <u>June, 3, 1958</u>	
22a. SIGNATURE <u>Burschally D O</u> (Date or title)		22b. ADDRESS <u>Warsaw, Mo.</u>	22c. DATE SIGNED <u>6/4/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>June 6, 1958</u>	<u>Mt Pleasant</u>	<u>Benton Co., Mo</u>
24. FUNERAL DIRECTOR <u>John F. Reese</u> ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>June 5, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Jas. A. Logan</u>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *John F. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.