ept. Health,
c., & Welfare
J. S. Public
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. 830
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Rev. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-026538
STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 40

1. PLACE OF DEATH
a. COUNTY Platte
b. CITY OR TOWN Weston (If outside corporate limits, give TOWNSHIP only) Weston — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Zanders Pool Hall — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Platte
c. CITY OR TOWN Weston 0830 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Vinne Middle Last Thomason
4. DATE OF DEATH Month Day Year July 2, 1958
5. SEX male
6. COLOR OR RACE white
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH July 11, 1886
9. AGE (In years last birthday) 71 — 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) laborer
10b. KIND OF BUSINESS OR INDUSTRY Coal & Grain Store
11. BIRTHPLACE (City and state or country) Simpson Co. Ky.
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Arron Thomason
13b. MOTHER'S MAIDEN NAME Theodocia Blackburn
14. NAME OF HUSBAND OR WIFE
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. 487-12-0226
17. INFORMANT W. L. Thomason Address Platte City, 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 thrombosis — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary heart disease — Mar. 1957
DUE TO (c) Arteriosclerosis 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 ☐ 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 Mar. 1957, to July 2, 1958 and last saw her/him alive on July 2, 1958
Death occurred at 1:1 am m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE R. Kelling (Degree or title) D.O.
22b. ADDRESS Weston, Mo
22c. DATE SIGNED 7-3-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-4-58
23c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cem.
23d. LOCATION (City, town, or county) (State) Weston, Missouri
24. FUNERAL DIRECTOR Vaughn Funeral Home ADDRESS Weston, Mo.
25. DATE RECD. BY LOCAL REG. 7-4-1958
26. REGISTRAR'S SIGNATURE Ophia Rollins

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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JUL 1958
RECEIVED
STATE SECRET
HEALTH DEPT

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 W. R. Vaughn

Licensed Embalmer No. X023

P. O. Address Weston, Me

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.