

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028123

STATE FILE NUMBER

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 114

FILED AUG 20 1958

1. PLACE OF DEATH
a. COUNTY Barry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett Inside Limits Yes No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wendehill Rest Home Length of stay in 1b 2 1/2 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Lawrence
c. CITY OR TOWN Monett 0550 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) Northeast Monett Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last John Darwin Thomas
4. DATE OF DEATH Month Day Year July 31 1958

5. SEX male 6. COLOR OR RACE white 7. MARRIED NEVER MARRIED WIDOWED 2 DIVORCED
8. DATE OF BIRTH March 4, 1878 9. AGE (In years last birthday) 80 10. NUMBER OF YEARS (Months Days) 4 27 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life when in United States) Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY Jenkins Mo. 11. BIRTHPLACE (City and state or country) U.S.A. 12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Wiram Thomas 13b. MOTHER'S MAIDEN NAME Sarah Maty 14. NAME OF HUSBAND OR WIFE Laura Thomas (decd)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. none 17. INFORMANT Willard Thomas, Monett, Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Senility
DUE TO (b) Inanition (Refused food)
DUE TO (c) or fluids + hospitalization
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) admit

INTERVAL BETWEEN ONSET AND DEATH 2 wks.

19. WAS AUTOPSY PERFORMED? YES NO 304X

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 Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT 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 1950 to 12-13-57 and last saw him alive on July 31, 1958
Death occurred at 12:05 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Bennett D. Over MD 22b. ADDRESS Mo. Vernon, Mo 22c. DATE SIGNED 8/2/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Aug. 2-1958 23c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery 23d. LOCATION (City, town, or county) (State) Northeast Monett, Mo.

24. FUNERAL DIRECTOR Bennett Warrington ADDRESS Monett, Mo. 25. DATE RECD. BY LOCAL REG. 8-12-58 26. REGISTRAR'S SIGNATURE Mr. P. H. Cook

Licensed Embalmer's Statement on Reverse Side

Health, & Welfare, Public Health Service 4
S. 300
1-57
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

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BARRY COUNTY HEALTH UNIT
CASSVILLE, MO. 1

NO. 858-170

DATE REC. 8-19-58

SEP 5

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 Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett

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.