ot. Health,
., & Welfare
S. Public
lth Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-043485
STATE FILE NUMBER

FILED DEC 29 1958 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 99

| | |
|---|---|
| 1. PLACE OF DEATH a. COUNTY: Carroll | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Mo b. COUNTY: Lafayette |
| b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Carrollton — Inside Limits: Yes [X] No [ ] | c. CITY OR TOWN: Lexington 0542 — Inside Limits: Yes [X] No [ ] |
| c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Bales Hospital — Length of stay in lb: 2 days | d. STREET ADDRESS (If outside, give location): City — Reside on Farm: Yes [ ] No [X] |

| | | | | |
|---|---|---|---|---|
| 3. NAME OF DECEASED (Type or print) | First: George | Middle: Eugene | Last: Thomas | 4. DATE OF DEATH: Month Day Year: Dec 21 1958 |
| 5. SEX: Ma 0 | 6. COLOR OR RACE: W | 7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X] | 8. DATE OF BIRTH: April 1, 1931 | 9. AGE (In years last birthday): 27 — 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: Construction | 11. BIRTHPLACE (City and state or country): Lexington Mo 0 | 12. CITIZEN OF WHAT COUNTRY? U.S. | |
| 13a. FATHER'S NAME: George W Thomas | 13b. MOTHER'S MAIDEN NAME: Florence Hause | 14. NAME OF HUSBAND OR WIFE: --------- | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Marines | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address: Mrs. Lawrence Bersono, Lexington, Mo | | |

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| IMMEDIATE CAUSE (a) | Hemmorrhage into Pons and structure in brain stem and base | Dec 19/58 |
| DUE TO (b) | Contusion of Brain and Fracture through base of Skull | Dec 19/58 |
| DUE TO (c) | | Dec 19/58 |

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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 [X] 2

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

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident Ran into Bridge (one car accident)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

054

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 Dec 19/58, to Dec 21-58 and last saw her/him alive on Dec 21-1958
Death occurred at 10:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

| | | |
|---|---|---|
| 22a. SIGNATURE (Degree or title): Eugene L. Bales MD 0 | 22b. ADDRESS: Carrollton MO | 22c. DATE SIGNED: 12-26-58 |

| | | | |
|---|---|---|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 23b. DATE: 12-24-58 | 23c. NAME OF CEMETERY OR CREMATORY: Machpelah | 23d. LOCATION (City, town, or county) (State): Lexington Mo. |
| 24. FUNERAL DIRECTOR: Tempel Fun. Home | ADDRESS: Lexington, Mo. | 25. DATE RECD. BY LOCAL REG.: 12/26/58 | 26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert |

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

50

FEB 3 1959

US MAR 3 1959

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 James F. Gibson, Student Embalmer No. 572 working under my personal supervision.

Student James F. Gibson
Signature of Student Embalmer

Signed Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.