

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

FILED JAN 5 1959 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2034

S. 300
v. 1-57
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY <i>Newton</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SENECA, MO. 0730 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL		Length of stay in 1b 31 DAYS	d. STREET ADDRESS (If outside, give location) 3/ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last JAMES E THOMAS			4. DATE OF DEATH Month Day Year 12/ 13/ 58		
--	--	--	--	--	--

5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12/25/88	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
------------------	---------------------------	---	------------------------------	---------------------------------------	---	------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT	10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) WALLACE NEBRASKA /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME HENRY BEECHER THOMAS	13b. MOTHER'S MAIDEN NAME EMMA JONES	14. NAME OF HUSBAND OR WIFE LOLA B THOMAS
--	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) YES WW-I	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VAH RECORDS 915 N. GRAND ST. LOUIS, MO.
---	------------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PERITONITIS DUE TO (b) POST-OPERATIVE INFECTION DUE TO (c) 181.0 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 5 days 7 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CARCINOMA OF BLADDER		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 11/12/58 to 12/13/58 and last saw him alive on 12/13/58 Death occurred at 7:35 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE (Degree or title) <i>W. H. Bisson</i>	22b. ADDRESS M.D. VAH 915 N. GRAND ST. LOUIS, MO.	22c. DATE SIGNED 12/14/58
---	--	------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 12/15/58	23c. NAME OF CEMETERY OR CREMATORY Seneca, Missouri	23d. LOCATION (City, town, or county) (State) Seneca, Missouri
--	-----------------------	--	---

24. FUNERAL DIRECTOR ADDRESS Edward Fendler 5611 South Grand Blvd.	25. DATE RECD. BY LOCAL REG. DEC 15 58	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i> mjb
---	---	--

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

FEB 13 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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Harley J. Koelb Jr*

Licensed Embalmer No. *4950*
P. O. Address *H. P. P. P.*

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.