

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046946

STATE FILE NUMBER

FILED DEC 29 1958

Registration District No. 347 Primary Registration District No. 6171 Registrar's No. 66

S. 300 /
1-57

1. PLACE OF DEATH a. COUNTY Stone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ponce de Leon Twsp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Highlandville ¹⁰⁴⁰
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence		Length of stay in lb 65 years	d. STREET ADDRESS (If outside, give location) 6 miles west
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE P. THOMAS			4. DATE OF DEATH Month Day Year Nov. 24, 1958
5. SEX Male	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 July 2, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY --	9. AGE (In years last birthday) 74
11a. FATHER'S NAME Cass Thomas		11b. MOTHER'S MAIDEN NAME Jane Maples	11. BIRTHPLACE (City and state or country) Clever, Missouri
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	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME Cass Thomas		13b. MOTHER'S MAIDEN NAME Jane Maples	14. NAME OF HUSBAND OR WIFE Lillie Jones
17. INFORMANT Mrs. Lillie Thomas, Highlandville, 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) Cardiac Arrest			INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis			Few minutes
DUE TO (c) Arteriosclerosis			Sev. Years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Carcinoma of Stomach			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <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 8/13/53 to 11/24/58 and last saw her/him alive on 11/22/58 Death occurred at 3:00 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Harold Shaffer (Degree of title)		22b. ADDRESS Nixa, Missouri	
		22c. DATE SIGNED 12/3/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/26/1958	
23c. NAME OF CEMETERY OR CREMATORY Flood Cemetery		23d. LOCATION (City, town, or county) (State) Stone Co., Missouri	
24. FUNERAL DIRECTOR Jean Harris		25. DATE RECD. BY LOCAL REG. Dec. 6-1958	
ADDRESS Clever, Mo.		26. REGISTRAR'S SIGNATURE Miss J. Elaine Brossan <i>per Lina Murray</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 Harris*

Licensed Embalmer No. *4390*

P. O. Address *Clever, Mo*

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.