Health, Welfare Public Service

300 1-57

FILED DEC 31 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-047045
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY WAYNE
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) PIEDMONT — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY WAYNE
c. CITY OR TOWN PIEDMONT — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First RALPH Middle BYRON Last THOMAS

4. DATE OF DEATH Month DEC. Day 25 Year 1958

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH DEC. 23, 1900
9. AGE (In years last birthday) 58 — 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) SPORTING GOODS STORE
10b. KIND OF BUSINESS OR INDUSTRY SPORTING GOODS
11. BIRTHPLACE (City and state or country) BISMACK MO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME FRANK THOMAS
13b. MOTHER'S MAIDEN NAME unknown
14. NAME OF HUSBAND OR WIFE DELPHINE THOMAS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 342-01-8187
17. INFORMANT SARAH THOMAS — Address NO 7 CHERRIE LANE CLAYTON, 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 5 [illegible]
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201

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 [illegible], to _____ and last saw him alive on 12-25-58
Death occurred at 4:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible]
22b. ADDRESS Piedmont Mo
22c. DATE SIGNED 12-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
23b. DATE 12/27/1958
23c. NAME OF CEMETERY OR CREMATORY VALHALLA
23d. LOCATION (City, town, or county) (State) 7600 ST. CHARLES ST. LOUIS 14. MO.

24. FUNERAL DIRECTOR GISH FUNERAL HOME PIEDMONT, MO. — ADDRESS M. Bowles
25. DATE RECD. BY LOCAL REG. 12-26-58
26. REGISTRAR'S SIGNATURE Sheila Louelace

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

6C0

JAN 13 1953

WAYNE CO. HEALTH CENTER

FILE No.

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 ....Me...., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signature of Student Embalmer

Signed Marvin I. Bowles

Licensed Embalmer No. 4426

P. O. Address Piedmont, M

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.