Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-002167

FILED FEB 5 1959 Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY Mississippi b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Wyatt — Inside Limits Yes ☐ No ☒ c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Box 119 — Length of stay in Hospital 20 yrs.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi c. CITY OR TOWN Wyatt — Inside Limits Yes ☐ No ☒ d. STREET ADDRESS (If outside, give location) Box 119 — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First Calvin; Middle; Last Thomas

4. DATE OF DEATH: Month January, Day 30, Year 1959

5. SEX Male 2

6. COLOR OR RACE Col.

7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 1 DIVORCED ☐

8. DATE OF BIRTH Dec. 1899

9. AGE (In years last birthday) 59 — 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY ———

11. BIRTHPLACE (City and state or country) Cleveland, Miss. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Briton Thomas

13b. MOTHER'S MAIDEN NAME Mattie Buffington

14. NAME OF HUSBAND OR WIFE Annie Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Evelyn Thomas, Box 119, Wyatt, Mo. — Address

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 c myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 hrs

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) 4 201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 Jan 30/59 to Jan 30 59 and last saw ~~he~~ him alive on Jan 30/59

Death occurred at 6:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. P. Fenton (Degree or title) DO

22b. ADDRESS Wyatt Mo

22c. DATE SIGNED 1-31-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 1, 1959

23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery

23d. LOCATION (City, town, or county) (State) Charleston, Missouri

24. FUNERAL DIRECTOR L. R. Sparks — ADDRESS Charleston, Missouri

25. DATE RECD. BY LOCAL REG. 1-31-59

26. REGISTRAR'S SIGNATURE Dorothy B. Hathhorn

(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.

MAR 9 1959

RECEIVED
Miss. Co. Health Dept
County File No.
Date Filed 2-4-59

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 Eddie Middleton

Licensed Embalmer No. 5046

P. O. Address Cape Girardeau, 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.