

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008234

STATE FILE NUMBER

FILED MAR 16 1959 Registration District No. 374 Primary Registration District No. 4547 Registrar's No. 12

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-57 4

1. PLACE OF DEATH a. COUNTY Worth		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Worth	
b. CITY (If outside corporate limits, give TOWNSHIP only) Grant City,		c. CITY OR TOWN Fletchall township	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Grant City Nursing Home		d. STREET ADDRESS (If outside, give location) 1 month	
3. NAME OF DECEASED (Type or print) First Silas Middle Harlen Last Thomas		4. DATE OF DEATH Month February Day 17 Year 1959	
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 7, 1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	9. AGE (In years at birthday) 71
11. BIRTHPLACE (City and state or country) Ness County, Kansas		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME William Thomas		13b. MOTHER'S MAIDEN NAME Elizabeth Stark	
14. NAME OF HUSBAND OR WIFE Grace Thomas		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. 491-42-0236		17. INFORMANT Mrs. Grace Thomas - Grant City, Missouri	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular disease and Diabetes Mellitus			INTERVAL BETWEEN ONSET AND DEATH 10yrs
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) 4221			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4221	
20c. TIME OF INJURY Hour _____ 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 Grant City, Mo.	
21. I attended the deceased from 1950 to Feb 17, 59 and last saw her alive on Feb 16, 59 Death occurred at 8:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) Frank B Matteson M D	
22b. ADDRESS Grant City, Mo.		22c. DATE SIGNED 2/19/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 2-19-1959	23c. NAME OF CEMETERY OR CREMATORY Fletchall Cemetery	23d. LOCATION (City, town, or county) (State) Grant City, Cit Missouri
24. FUNERAL DIRECTOR Bill G. Dunfee - Grant City		25. DATE RECD. BY LOCAL REG. March 10 1959	
26. REGISTRAR'S SIGNATURE Bowley			

(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.

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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 Bill A. Dunfee.....

Licensed Embalmer No. 4907.....

P. O. Address, East Pitt.....

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.