

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014071
STATE FILE NUMBER

FILED APR 17 1959 Registration District No. 187 Primary Registration District No. 0 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Chula-Medecine Top		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Chula
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1		Length of stay in lb. 2 1/2	d. STREET (If outside, give location) ADDRESS 0590 3 Mi East Chula
3. NAME OF DECEASED (Type or print) First Middle Last Harry Muriel Thomas			4. DATE OF DEATH Month Day Year April 9 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 September 4 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	9. AGE (In years last birthday) 70 Months 7 Days 5
13a. FATHER'S NAME Jesse Thomas		13b. MOTHER'S MAIDEN NAME Stella Mitchell	11. BIRTHPLACE (City and state or country) Grundy County 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. 496-42-0140	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13c. NAME OF HUSBAND OR WIFE Lola Thomas.		17. INFORMANT Mrs Harry Thomas Chula 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) Pneumonia, Terminal, Bacterial			INTERVAL BETWEEN ONSET AND DEATH 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterial Sclerosis			5 yrs
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4500			19. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input type="checkbox"/> NO
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.)	
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 Jan 10 - 54 to Apr 9 - 59 and last saw her alive on Apr 9 - 59 Death occurred at 10:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph A. Conrad M.D.		22b. ADDRESS Chillicothe, Mo	22c. DATE SIGNED Apr. 10 - 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/12/1959	23c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery	23d. LOCATION (City, town, or county) Chula (State) Mo
24. FUNERAL DIRECTOR ADDRESS E. J. Robertson Funeral Home Chula Mo		25. DATE RECD. BY LOCAL REG. 4/10/59	26. REGISTRAR'S SIGNATURE Frances B. Nadeau

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *J. M. Robertson*

Licensed Embalmer No. *4388*

P. O. Address *Laredo, 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.