RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-030110

STATE FILE NUMBER

FILED VS AUG 18 1959

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 107

DED

1. PLACE OF DEATH
a. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township — Length of stay in 1b 1 week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ray County Memorial Hospital — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ray
c. CITY OR TOWN Camden — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 1 1/2 miles north Camden — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Virgil Middle (n) Last Thomas

4. DATE OF DEATH Month August Day 8, Year 1959

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 2-13-1882
9. AGE (last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired miner
10b. KIND OF BUSINESS OR INDUSTRY Coal miner
11. BIRTHPLACE (City and state or country) Camden, Missouri
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME George W. Thomas
13b. MOTHER'S MAIDEN NAME Alice Galle
14. NAME OF HUSBAND OR WIFE Bertha Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 487-09-7530
17. INFORMANT Address Mrs. Bertha Thomas, Camden, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Infarction	3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arterio-Sclerosis	?
DUE TO (c)	Chronic Myocarditis	3

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) —

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 July 30-59 to Aug 8-59 and last saw ~~her~~ him alive on 8-8-59
Death occurred at 5:40 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. Gay (Degree or title) MD
22b. ADDRESS Richmond
22c. DATE SIGNED 8-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 8-10-1959
23c. NAME OF CEMETERY OR CREMATORY Craven Cemetery
23d. LOCATION (City, town, or county) (State) Camden, Missouri

24. FUNERAL DIRECTOR Quest-Lile Funeral Home ADDRESS Richmond, Missouri per George Lile
25. DATE RECD. BY LOCAL REG. 8-11-1959
26. REGISTRAR'S SIGNATURE Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. 4066

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.