

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 447 19

FILED VS DEC 16 1959

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. \_\_\_\_\_ Registrar's No. 281

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Monroetown</u>		Length of stay in 1b <u>In Route</u>	c. CITY OR TOWN <u>Norborne</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ludlow Mo.</u>		2 mi S. Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>506 East Third</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Harry</u> Middle <u>William</u> Last <u>Thomas</u>			4. DATE OF DEATH Month <u>Dec</u> , Day <u>5</u> , Year <u>1959</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-3-1906</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Livestock Feed</u>	11. BIRTHPLACE (City and state or country) <u>Wakenda, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Shelby Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Hattie Adkins</u>	14. NAME OF HUSBAND OR WIFE <u>May Taylor</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>488-32-6991</u>	17. INFORMANT <u>Donald Thomas</u> Address <u>Norton Kansas City 30, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fracture - neck</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
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) <u>Fractured R. Femur</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Auto went off of Road &amp; threw him out of car.</u>
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20c. TIME OF INJURY Hour <u>1:00</u> a.m. Month <u>10</u> Day <u>5</u> Year <u>59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>	20f. CITY, TOWN, OR LOCATION <u>Judlow, Livingston, Mo</u> COUNTY <u>Livingston</u> STATE <u>Mo</u>
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21. I attended the deceased from <u>home</u> to <u>home</u> on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at <u>1:00</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <u>Joseph A. Conrad M.D. (Conner)</u> (Degree or title)	22b. ADDRESS <u>Chillicothe, Mo</u>	22c. DATE SIGNED <u>Dec, 7-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Dec, 7, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Adkins Cemetery</u>
24. FUNERAL DIRECTOR <u>Gibs on Funeral Home Norborne, Mo.</u> ADDRESS		23d. LOCATION (City, town, or county) (State) <u>Wakenda Missouri</u>

25. DATE RECD. BY LOCAL REG. <u>Dec 7/59</u>	26. REGISTRAR'S SIGNATURE <u>Francis B Neill</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Ben W Gibson

Licensed Embalmer No. 2961

P. O. Address BW Gibson

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.