

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007615

FILED VS MAR 9 1960 278

Primary Registration District No. 3054

Registrar's No. 36

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH a. COUNTY <i>Pike</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Pike</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Louisiana</i>		Length of stay in 1b <i>Lifetime</i>		c. CITY OR TOWN <i>Louisiana</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>515 Nebraska St.</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>515 Nebraska</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last <i>FRANK M THOMAS</i>				4. DATE OF DEATH Month Day Year <i>March 3 1960</i>					
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <i>5/30/882</i>	9. AGE (last birthday) <i>77</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Custodian</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>School</i>		11. BIRTHPLACE (City and state or country) <i>Louisiana Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		
13a. FATHER'S NAME <i>Thomas P. Thomas</i>			13b. MOTHER'S MAIDEN NAME <i>Ellen Arnold</i>			14. NAME OF HUSBAND OR WIFE <i>Ocie Thomas</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		(If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488-12-0873</i>		17. INFORMANT Address <i>Ocie Thomas Louisiana Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinoma of Colon & Carcinomatous 2 years</i>							INTERVAL BETWEEN ONSET AND DEATH		
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 (e)						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			
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.)							
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year									
20d. INJURY OCCURRED WHILE AT WORK <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 <i>9-17-56</i> to <i>7-21-59</i> and last saw him alive on <i>7-21-59</i>				Death occurred at <i>1:00</i> <i>3-30</i> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>W. Joe Martin, M.D.</i>				22b. ADDRESS <i>Louisiana, Mo.</i>			22c. DATE SIGNED <i>3-8-60</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/5/60</i>	23c. NAME OF CEMETERY OR CREMATORY <i>River View</i>		23d. LOCATION (City, town, or county) (State) <i>Louisiana Mo.</i>					
24. FUNERAL DIRECTOR <i>A.B. Stone</i>		ADDRESS <i>Louisiana Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>March 5, 1960</i>		26. REGISTRAR'S SIGNATURE <i>Berniece Collier</i>			

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

J. B. Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana

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.