

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 2 1 1960

60-009909

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 168

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MACON</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>21 days</u>	c. CITY OR TOWN <u>New Cambria</u>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>U. of Mo. MED. CEN.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) <u>NONE</u>
			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>RAY</u> Middle <u>(NONE)</u> Last <u>THOMAS</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>16</u> Year <u>1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-20-89</u>	9. AGE (last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (City and state or country) <u>IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	

13a. FATHER'S NAME <u>ROBERT H. THOMAS</u>	13b. MOTHER'S M maiden NAME <u>ADA McWILLIAMS</u>	14. NAME OF HUSBAND OR WIFE <u>Mae Thomas</u>
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>489-42-0387</u>	17. INFORMANT <u>Hospital/Chart Columbia, Mo.</u>

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>Generalized Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 Mos.</u>
DUE TO (b) <u>Malignant Melanoma</u>		
DUE TO (c)		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>10:06</u> a.m. p.m. Month, Day, Year <u>2/24/60</u>	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 <u>Columbia Mo.</u>	COUNTY <u>MACON</u>	STATE <u>MISSOURI</u>
---	--	--	---	------------------------	--------------------------

21. I attended the deceased from 2/24/60 to 3/16/60 and last saw him alive on 3/16/60
Death occurred at 10:06 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Robert J. Thompson M.D.</u> (Degree or title)	22b. ADDRESS <u>Columbia Mo.</u>	22c. DATE SIGNED <u>3/16/60</u>
23a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-19-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>New Cambria Cem.</u>
23d. LOCATION (City, town, or county) <u>New Cambria, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>March 17 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>
24. FUNERAL DIRECTOR <u>Carver Funeral Service Columbia Mo</u>		ADDRESS <u>Columbia Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
OCT 28 1980

MS
DEC 2 9 1980

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. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Calverton, Md

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.