

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016548

FILED VS MAY 4 1960 370

Registration District No. 370 Primary Registration District No. 6256 Registrar's No. 38

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST FRANCIS RIVER NEAR WAYNE WAPPAPELLO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WAYNE WAPPAPELLO</u>		c. CITY OR TOWN <u>LUTESVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLAUDE SYLVESTER THOMAS</u>		4. DATE OF DEATH Month Day Year <u>APRIL 24 1960</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>2-3-1914</u>
9. AGE (last birthday) <u>46</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>21</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOLLINGER Co Mo.</u>	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
13a. FATHER'S NAME <u>DANIEL JEFFERSON THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>IDA MAE WHITENER</u>	14. NAME OF HUSBAND OR WIFE <u>VIVIAN THOMAS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. WAR II 1942-1945</u>		16. SOCIAL SECURITY NO. <u>486-38-1114</u>	17. INFORMANT Address <u>VIVIAN THOMAS, LUTESVILLE, 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>SUFFOCATION</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ACCIDENTAL DROWNING</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 type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>FELL FROM BOAT WHILE FISHING</u>
20c. TIME OF INJURY Hour Month, Day, Year <u>1:15 P.M. 4-24-1960</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>ST FRANCIS RIVER</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>WAPPAPELLO WAYNE MO</u>
21. I attended the deceased from <u>1:15</u> to <u>P</u> and last saw her alive on <u></u> . Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <u>Margaret Bonlee Corones</u>		22b. ADDRESS <u>Redmont, Mo</u>
22c. DATE SIGNED <u>4/28/1960</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEMETERY</u>
23d. LOCATION (City, town, or county) <u>LUTESVILLE MO</u>		
24. FUNERAL DIRECTOR ADDRESS <u>BAKER FUNERAL HOME, Lutesville</u>		25. DATE RECD. BY LOCAL REG. <u>May 2 - 1960</u>
26. REGISTRAR'S SIGNATURE <u>Irella M. Ward</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0981 7 MAY 4 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010
P. O. Address Lutesville

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.