

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043101

ED VS DEC 9 1960
DED

280

Primary Registration District No. 280

Registrar's No. 84

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PLATE COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY PLATE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WESTON	Length of stay in 1b 28 YRS.	c. CITY OR TOWN WESTON	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MATTHEW NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D.
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First ROBERT Middle Last THOMAS	4. DATE OF DEATH Month NOVEMBER Day 25 Year 1960
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5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-23-1874	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY U. S. A.
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13a. FATHER'S NAME MOSES THOMAS	13b. MOTHER'S MAIDEN NAME EMMA NICHOLS	14. NAME OF HUSBAND OR WIFE NONE
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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) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT MATTHEW REST HOME RECORDS
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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) Coronary thrombosis	INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis	
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"/> N. <input type="checkbox"/> Unknown
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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.)
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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 Weston, Missouri	COUNTY PLATE COUNTY	STATE
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21. I attended the deceased from **4/23/58** to **11/25/60** and last saw ^{her}him alive on **11/25/60**
Death occurred at **4 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>[Signature]</i> (Degree or title) D.O.	22b. ADDRESS Weston, Missouri	22c. DATE SIGNED 11/26/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 11-27-60	23c. NAME OF CEMETERY OR CREMATORY PLEASANT RIDGE	23d. LOCATION (City, town, or county) (State) PLATE COUNTY, Mo.
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24. FUNERAL DIRECTOR VAUGHN FUNERAL HOME, WESTON	ADDRESS Weston	25. DATE RECD. BY LOCAL REG. Nov. 27, 1960	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dale H. Martin

Licensed Embalmer No. 5106

P. O. Address Weston

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.