

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007947

STATE FILE NUMBER

Registration District No. 57 Primary Registration District No. 5202 Registrar's No. 5

AMENDED

FILED MAR 27 1961

1. PLACE OF DEATH a. COUNTY <b>Carroll</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Carroll</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Eugene Twp.</b>		Length of stay in lb <b>Life</b>	c. CITY OR TOWN <b>"Rural"</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>10 Miles E. of Carrollton</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>10 Miles E. of Carrollton</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALBERT L. THOMAS</b>			4. DATE OF DEATH Month Day Year <b>March 17 1961</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/23/1883</b>
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done throughout working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (City and state or country) <b>Carroll County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>John J. Thomas</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Susan Poe</b>		14. NAME OF HUSBAND OR WIFE <b>Sarah Louree Thomas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		17. INFORMANT Address <b>Donald Thomas, Carrollton, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral check, and head from tractor turning over.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>5 minutes.</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
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 <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.) <b>Tractor turned over on him.</b>	
20c. TIME OF INJURY Hour Month, Day, Year <b>2:00 p.m. 3-17-61</b>			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>on farm</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Wakarusa, Polk, Carroll Mo.</b>
21. I attended the deceased from <b>at death</b> and last saw her him alive on <b>at death</b> Death occurred at <b>2:00P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Everett L. Smith D.D.</b>		22b. ADDRESS <b>1024 9th St. Carrollton, Mo.</b>	22c. DATE SIGNED <b>3-18-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/20/61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Park Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Carroll County Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Libson Funeral Home, Carrollton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>March 20-1961</b>	26. REGISTRAR'S SIGNATURE <b>Pearl Koch</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 7 1961

**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 Carrollton

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.