

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013441

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 467 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

FILED MAY 15 1961

1. PLACE OF DEATH
 a. COUNTY **Greene**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Springfield** Length of stay in lb **60 yrs.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **I042 S Douglas St.** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **Mo'** b. COUNTY **Greene**
 c. CITY OR TOWN **Springfield** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **I042 S Douglas St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **William** Middle **Thomas** Last **Thomas** 4. DATE OF DEATH Month **May** Day **8** Year **1961**

5. SEX **Male** 6. COLOR OR RACE **Negro** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **July 4 88** 9. AGE (last birthday) **72** 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) **Domestic** 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) **Lebanon Mo'** 12. CITIZEN OF WHAT COUNTRY **U S A**

13a. FATHER'S NAME **Charley Thomas** 13b. MOTHER'S MAIDEN NAME **Julia Breedlove** 14. NAME OF HUSBAND OR WIFE **Minnie Thomas**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never or unknown) (If yes, give war or dates of service) **Yes N W I** 16. SOCIAL SECURITY NO. 17. INFORMANT Address **Spring, mo**
Minnie Thomas I042 S Douglas St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Cardio-Renal Disease**
 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 (a) _____
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 **May 5, 1961** to **May 8, 1961** and last saw her/him alive on **May 5, 1961**
 Death occurred at **9:00p** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Leman D. Brown M.D.** 22b. ADDRESS **311 1/2 College** 22c. DATE SIGNED **5/10/61**

23a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 23b. DATE **May 12 1961** 23c. NAME OF CEMETERY OR CREMATORY **Springfield National** 23d. LOCATION (City, town, or county) **Springfield** (State) **Mo**

24. FUNERAL DIRECTOR ADDRESS **H V Smith 602 N Jefferson St** 25. DATE RECD. BY LOCAL REG. **5-12-61** 26. REGISTRAR'S SIGNATURE **Effie E. Melton**

MAY 16 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 Herbert R Smith

Licensed Embalmer No. 4286

P. O. Address Springfield

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.