

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

18-61-016143  
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 18-

AMENDED

FILED MAY 4 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>SCOTT</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CHAFFEE</u>		c. CITY OR TOWN <u>CHAFFEE</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD #1</u>		d. STREET ADDRESS (If outside, give location) <u>RFD #1</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EARL JAMES THOMAS</u>		4. DATE OF DEATH Month Day Year <u>APRIL 21 1961</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>AUG. 21 1917</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAINTENANCE WORTH SHOE FACTORY DELTA MO</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>
13a. FATHER'S NAME <u>CHARLES THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>SUSIE BRANDBERG</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES 2ND WAR</u>		17. INFORMANT Address <u>Mrs. Mary H. Thomas CHAFFEE 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>Lymphatic Infiltrating carcinoma of stomach 1 yr. 2 mo.</u> DUE TO (b) <u>Same</u> DUE TO (c) <u>Same</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 yr 2 mo</u>
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 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 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 COUNTY STATE
21. I attended the deceased from <u>July 15 1960</u> to <u>April 21 1961</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>April 21 1961</u> Death occurred at <u>11:55 P</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Kenneth D. Bass D.O.</u>		22b. ADDRESS <u>243 W. Yorkum, Delta 4-244</u>	22c. DATE SIGNED <u>4-24-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>APR. 24 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST. AMBROSE CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO.</u>
24. FUNERAL DIRECTOR ADDRESS <u>STUBBS' FUNERAL HOME CHAFFEE MO</u>		25. DATE RECD. BY LOCAL REG. <u>April 25-61</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Fred Bieplinghoff</u>

MAY 5 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 Earl Smith

Licensed Embalmer No. 3676

P. O. Address Oren, Mo.

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.