

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036094

STATE FILE NUMBER

AMENDED

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 384

FILED NOV 7 1961

DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

|   |   |  |  |
|---|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Dunklin</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u>   |   | Length of stay in 1b <u>2 years</u>  | c. CITY OR TOWN <u>Poplar Bluff</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>808 N. 2nd.</u>  |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>808 N. 2nd.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                  |
| 3. NAME OF DECEASED (Type or print) First <u>Ranzy</u> Middle <u>Washington</u> Last <u>Thomas</u>  |   |  | 4. DATE OF DEATH Month <u>October</u> Day <u>21</u> Year <u>1961</u>   |
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>1-26-1883</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 9. AGE (last birthday) <u>78</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>21</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>  |
| 11. BIRTHPLACE (City and state or country) <u>Kentucky</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>XXX U.S.A.</u>  |  |
| 13a. FATHER'S NAME <u>William Thomas</u>  |   | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Sharp</u>   | 14. NAME OF HUSBAND OR WIFE <u>Deceased</u>  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>None</u>  | 17. INFORMANT <u>1900 W. Clay</u> Address <u>Lawrence Thomas St. Charles, Mo.</u>  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Hypostatic Pneumonia -</u><br>DUE TO (b) <u>Cerebral Hemorrhage -</u><br>DUE TO (c) <u></u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u><br><u>17 days</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.<br><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 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></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>Apartment 21 Oct 61</u> | 20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff</u> COUNTY <u>Butler</u> STATE <u>Missouri</u>  |  |
| 21. I attended the deceased from <u>21 Oct 61</u> to <u>21 Oct 61</u> and last saw her alive on <u>21 Oct 61</u> .<br>Death occurred at <u></u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |  |
| 22a. SIGNATURE <u>J. A. Brookeson MD</u> (Degree or title)  |   | 22b. ADDRESS <u>321 Oak Poplar Bluff Mo</u>  | 22c. DATE SIGNED <u>21 Nov 61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>10-23-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Brown's Chapel</u>   | 23d. LOCATION (City, town, or county) (State) <u>Brosley, Missouri</u>   |
| 24. FUNERAL DIRECTOR <u>Russell Mortuary Gideon, Missouri</u> ADDRESS <u></u>   |   | 25. DATE RECD. BY LOCAL REG. <u>11/4/1961</u>  | 26. REGISTRAR'S SIGNATURE <u>Thelma Graham</u>   |

**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 me, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ronald W. Haggard

Licensed Embalmer No. 1116

P. O. Address Biggs, Ark

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.