

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037471

STATE FILE NUMBER

Registration District No. 379 Primary Registration District No. 6287 Registrar's No. 68

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
11140  
20535  
3  
4 0  
5 1  
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7 0  
8 2  
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11 14  
12 91-3  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH OCT 15 1962  
a. COUNTY WRIGHT

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)  
a. STATE MO. b. COUNTY Laclede  
c. CITY OR TOWN Lebanon Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 533 CATLIN Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE Monday THOMAS  
4. DATE OF DEATH Month Day Year Sept. 29 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 11-25-1889 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cleaning Business  
10b. KIND OF BUSINESS OR INDUSTRY dry cleaning  
11. BIRTHPLACE (City and state or country) Laclede County  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME THOMAS V. THOMAS 13b. MOTHER'S MAIDEN NAME Rachel Fitzsimmons  
14. NAME OF HUSBAND OR WIFE Lois

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. UNKNOWN 17. INFORMANT Robert E. Thomas Address Box 50 Lebanon Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Head and Chest injuries INTERVAL BETWEEN ONSET AND DEATH Instant  
DUE TO (b) Auto Accident  
DUE TO (c) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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.) Head on Collision

20c. TIME OF INJURY Hour 3:38 p.m. Month, Day, Year 9 29 62

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.) Hwy. 5  
20f. CITY, TOWN, OR LOCATION 2 Mi. N. of Mansfield Wright COUNTY Mo. STATE Mo.

21. I attended the deceased from viewed remains after accident last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James Baker Sheriff conducting 22b. ADDRESS Hartsville Mo 22c. DATE SIGNED 10-1-62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE Sept. 30, 1962 23c. NAME OF CEMETERY OR CREMATORY Lebanon 23d. LOCATION (City, town, or county) Lebanon (State) Mo.

24. FUNERAL DIRECTOR Colonial Chapel ADDRESS Lebanon Mo 25. DATE RECD. BY LOCAL REG. 10/9/62 26. REGISTRAR'S SIGNATURE Jan P. ...

USE BLACK INK OR TYPEWRITER RIBBON

JAN 29 1963

Permit # 63

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 Max S. Miller

Licensed Embalmer No. 4720

P. O. Address Manassas 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.