

40658

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 19 1949

 BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4155 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton</u>		c. LENGTH OF STAY (in this place) <u>10 Years</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Everton</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>/</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DALLAS</u>	b. (Middle) <u>WINFRD</u>	c. (Last) <u>THOMASON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>November 28, 1949</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 4, 1875</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Carroll Thomason</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Jane Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Willie Ann Thomason</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Spanish-American</u>	16. SOCIAL SECURITY NO. <u>----</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Willie Ann Thomason, Everton, Missouri.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>CORONARY OCCLUSION</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CORONARY SCLEROSIS</u>		
	DUE TO (c) <u>ARTERIO-SCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>42:1</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7-15, 1949, to 11-28-49, 19 , that I last saw the deceased alive on 11-29-49, 19 , and that death occurred at 10:43 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.F. Stearns, M.D.</u>	23b. ADDRESS <u>Ash Grove, Missouri</u>	23c. DATE SIGNED <u>11-29-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hampton Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Dade County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-29-49</u>	REGISTRAR'S SIGNATURE <u>Geo. K. Lewis</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRIM'S FUNERAL SERVICE, INC.</u>	ADDRESS <u>Ash Grove, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-4829
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RECEIVED DEC 7 1949
District Health Office No. 6,
District File Number 1249-1327
Date Filed 12-12-49

DEC 6 7 1949

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
Student Embalmer

Signed Warren D. Roberts

Licensed Embalmer No. 4005

P. O. Address Clark Grove 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 this body is not embalmed, fact should be so stated above.