

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

92

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4025 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Wheaton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cassville</b>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		d. STREET ADDRESS (If rural, give location) <b>1206 Fair St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Wheaton Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Pat</b> b. (Middle) <b>Phairas</b> c. (Last) <b>Thomas</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 26, 1950</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Aug. 28, 1873</b>			9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Veterinarian</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Veterinarian</b>		11. BIRTHPLACE (State or foreign country) <b>Barry County, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>Carey Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Long</b>		14. NAME OF HUSBAND OR WIFE <b>Dollie Stone Thomas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Elisha Bass, Monett, Mo.</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pyelonephritis</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>(PYONEPHRITIS)?</b>		DUE TO (c)		6000	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 1-22, 1950, to 1-26, 1950, that I last saw the deceased alive on 1-26, 1950, and that death occurred at 9:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>C. Smith</i> (Degree or title)		23b. ADDRESS <b>Wheaton Mo.</b>		23c. DATE SIGNED <b>1-27-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 29, 1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Galton Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Barry County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>2-3-1950</b>		REGISTRAR'S SIGNATURE <i>Grace Williams</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W.C. Noon</i> <b>Cassville, Mo.</b>	
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RECEIVED FEB 6 1950

District Health Office No. 6,

District File Number 250-166

Date Filed 2-6-50

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

*W. C. Koon*

Licensed Embalmer No. 435-9

P. O. Address Cassville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.