

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 10 1950

State File No. **35900**

BIRTH NO. _____ REG. DIST. NO. **328** PRIMARY REG. DIST. NO. **3073** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Chaffee Rural Kehs Trp		c. CITY (If outside corporate limits, write RURAL and give township) Chaffee Rural Kehs Trp	
c. LENGTH OF STAY (in this place) 34 years		d. STREET ADDRESS (If rural, give location) 1000	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Rufus	b. (Middle) Charles	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year)
				Nov 1 1950

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 2, 1893	9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 57
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Hobotey	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (State or foreign country) White Co Ill	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Wm. Thomas	13b. MOTHER'S MAIDEN NAME Sarah Poole	14. NAME OF HUSBAND OR WIFE Susan Thomas
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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) No	16. SOCIAL SECURITY NO. 497-18-12	17. INFORMANT'S SIGNATURE OR NAME Wm. Charles Thomas	ADDRESS Chaffee Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Carditis		INTERVAL BETWEEN ONSET AND DEATH 2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Nephritis		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 **Sept 16, 1950**, to **Nov 1, 1950**, that I last saw the deceased alive on **10/24, 1950**, and that death occurred at **12:00** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. H. Higgins	23b. ADDRESS D.C. Chaffee Mo	23c. DATE SIGNED 11/2/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov 3 1950	24c. NAME OF CEMETERY OR CREMATORY Union Park	24d. LOCATION (City, town, or county) (State) Chaffee Mo
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DATE REC'D BY LOCAL REG. Nov-3-50	REGISTRAR'S SIGNATURE Mrs. Fred Bisplinghoff	445	25. FUNERAL DIRECTOR'S SIGNATURE Bisplinghoff Funeral Home	ADDRESS Chaffee Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 8 1950
SCOTT COUNTY HEALTH CENT
CO. FILE NO. 1150-15

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 Jack J. Burnett

Licensed Embalmer No. 4473

P. O. Address C. Ruffee, 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.