

FILED MAR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7180

State File No.

BIRTH NO. _____ REG. DIST. NO. 322 PRIMARY REG. DIST. NO. 442 Registrar's No. 10

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

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JAMES</u>	b. (Middle) <u>THOMAS</u>	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 26-1951</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>AUG 28, 1882</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 24 HRS. Hours Min.
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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>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>SAMUEL L. THOMAS</u>	13b. MOTHER'S MAIDEN NAME <u>MARVANN LANE</u>	14. NAME OF HUSBAND OR WIFE <u>LUCEY THOMAS</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>NO</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>George Wilson</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 month</u> <u>2 years</u> <u>410X</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>mitral insufficiency</u> DUE TO (c)		
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 checked="" 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) <u>miami</u> <u>Saline</u> <u>MO.</u>
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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?
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22. I hereby certify that I attended the deceased from _____, 1947, to 2-26, 1951, that I last saw the deceased alive on 2-26, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>B. Sullivan M.D.</u>	23b. ADDRESS <u>Miami, Mo.</u>	23c. DATE SIGNED <u>2-27-1951</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 1-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MIAMICEMETEV</u>	24d. LOCATION (City, town, or county) (State) <u>MIAMI MO</u>
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DATE REC'D BY LOCAL REG. <u>3/5/1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Campbell Lewis Marshall</u>	ADDRESS <u>Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

970

RECEIVED 3-8-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-8-51

MAY 13 1951

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed

R. W. Campbell

Signed
Student Embalmer

Licensed Embalmer No. 3469

P. O. Address Marshall, N.C.

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.