

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9702

State File No. _____

0890

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

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 4445 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Orrick		c. CITY (If outside corporate limits, write RURAL and give township) Rural Orrick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location) 1 Half MI West of Orrick	
3. NAME OF DECEASED a. (First) Roy		b. (Middle) Thomas	
c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) March 9, 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1888
9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 9	IF UNDER 24 HRS. Days 14	IF UNDER 1 HRS. Hours 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Thomas		13b. MOTHER'S MAIDEN NAME Alice Galle	
14. NAME OF HUSBAND OR WIFE Ruth Thomas		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. None		17. INFORMANT'S SIGNATURE OR NAME Ruth Thomas	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage of brain II. OTHER SIGNIFICANT CONDITIONS Diabetes mellitus	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 1 da 3-31X 4 1/2 hr	
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 <u>2-26</u> , 19 <u>51</u> , to <u>3-9</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>51</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE Vigil E. Shobe M.D.		23b. ADDRESS Orrick Mo	
23c. DATE SIGNED 3-12-51		24. LOCATION (City, town, or county) (State) 1 MI East of Orrick	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 11, 51	24c. NAME OF CEMETERY OR CREMATORY South Point	24d. LOCATION (City, town, or county) (State) 1 MI East of Orrick
DATE REC'D BY LOCAL REG. 3-12-51	REGISTRAR'S SIGNATURE Helen J. Larkin	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good	
ADDRESS Orrick, Mo		ADDRESS Orrick, Mo	



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

Victor E. Jennings

Licensed Embalmer No. *2896*

P. O. Address

Liberty, 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.