

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 2 - 1951

State File No. **20828**
Registrar's No. **33**

BIRTH NO. **99259-51** REG. DIST. NO. **238** PRIMARY REG. DIST. NO. **4355**

1. PLACE OF DEATH a. COUNTY NEW MADRID		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY NEW MADRID	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEW MADRID 0721	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) WILLIE LEE THOMAS			4. DATE OF DEATH (Month) (Day) (Year) JUNE 20 1951		
5. SEX M	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH JUNE 14, 1951	9. AGE (In years last birthday)	10. MONTHS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NEW MADRID, MO	12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME WILLIE THOMAS	13b. MOTHER'S MAIDEN NAME BERNICE FRAIZER	14. NAME OF HUSBAND OR WIFE Clarence Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Clarence Jones

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) No. Medical attendant		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) by all record this was DUE TO (c) a premature child at birth		
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 776X	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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE W. H. Hays	(Degree or title) Coroner	23b. ADDRESS New Madrid, Mo.	23c. DATE SIGNED 6/20-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6/21/51	24c. NAME OF CEMETERY OR CREMATORY Sand Hill	24d. LOCATION (City, town, or county) (State) New Madrid, Mo
DATE REC'D BY LOCAL REG 6-22-51	REGISTRAR'S SIGNATURE Helen Louise Jones	25. FUNERAL DIRECTOR'S SIGNATURE Richard A. Holt, Co.	ADDRESS New Madrid

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

5721

RECEIVED

JUN 29 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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.

Not Embalmed

Student Embalmer No.

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.