

FILED JUN 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20861  
Registrar's No. 79

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 243 PRIMARY REG. DIST. NO. 4836

1. PLACE OF DEATH  
a. COUNTY **NEWTON**  
b. CITY (If outside corporate limits, write RURAL and give township) **RURAL**  
c. LENGTH OF STAY (In this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION **NEOSHO TWP.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admittal.)  
a. STATE **TEXAS**  
b. COUNTY **JONES**  
c. CITY (If outside corporate limits, write RURAL and give township) **STAMFORD**  
d. STREET ADDRESS (If rural give location) **505 E. REYNOLDS**

3. NAME OF DECEASED  
a. (First) **IRVIN** b. (Middle) **GEORGE** c. (Last) **THOMAS**  
4. DATE OF DEATH (Month) (Day) (Year) **JUNE 10. 1951**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **AUG. 15. 1906** 9. AGE (In years last birthday) Months Days Hours Min. **44 9 22**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **PAINTER** 10b. KIND OF BUSINESS OR INDUSTRY **DECORATOR** 11. BIRTHPLACE (State or foreign country) **STAMFORD TEXAS** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **W.B. THOMAS** 13b. MOTHER'S MAIDEN NAME **LAURA BRADSHAW** 14. NAME OF HUSBAND OR WIFE **EDITH J. THOMAS**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO NONE** 16. SOCIAL SECURITY NO. **487-10-9876** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **MRS MORGAN WILSON. STAMFORD, TEX**

18. CAUSE OF DEATH - Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Basal Skull Fracture**  
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.  
INTERVAL BETWEEN ONSET AND DEATH  
**4 11/6**  
**20**

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **ACCIDENT** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) **U.S. HIGHWAY #60** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **NEWTON COUNTY MISSOURI**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **6-10-51 5:45 P. M.** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **AUTO COLLISION**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Carley Thompson** 23b. ADDRESS **Neosho Missouri** 23c. DATE SIGNED **6/11/51**

24a. BURIAL/CREMA-TION REMOVAL (Specify) **REMOVAL** 24b. DATE **6-11-1951** 24c. NAME OF CEMETERY OR CREMATORY **HILAND CEMETERY** 24d. LOCATION (City, town, or county) (State) **STAMFORD TEXAS**

DATE REC'D BY LOCAL REG. **June 16, 1951** REGISTRAR'S SIGNATURE **Melvin C. Bonman** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Carley Thompson, Neosho MO**

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

730  
3

**RECEIVED**

District Health Officer

**NEWTON COUNTY HEALTH UNIT**

District File Number

651-152

Date Filed

6/2/51

**AUG 29 1951**

**NEOSHO, MISSOURI**

**JUL 20 1962**

**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. Kenneth Patterson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4697

P. O. Address Neosho 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.