

FILED JUL 11 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20971

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 108

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Ohio</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>South Charleston</u>	
c. LENGTH OF STAY (In this place) <u>Rolla Transient</u>		d. STREET ADDRESS (If rural, give location) <u>Route No. 1</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Phelps County Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELWOOD</u>		b. (Middle) <u>HENRY</u>	
		c. (Last) <u>THON</u>	
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>August 5, 1887</u>	
9. AGE (In years last birthday) <u>63</u>		10. MONTH (Day) (Year) OF DEATH <u>July 1, 1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shop Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>International Harv.</u>	
11. BIRTHPLACE (State or foreign country) <u>Philadelphia Pa.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Agnes Thon.</u>			
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. <u>277-05-7846</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Dickason, So. Charleston Ohio</u>		ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Automobile accident</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Fracture Skull</u>	
		DUE TO (c) <u>Curved Chest.</u>	
II. OTHER SIGNIFICANT CONDITIONS		Both Legs broken	
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"/>		<u>081</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>High 66 East of Rolla -</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Rolla Phelps Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 1, 1951 5:50 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Automobile collided head-on with truck</u>			
22. I hereby certify that I attended the deceased from <u>7-1, 1951</u> , to <u>7-1, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Davis M.D.</u> (Degree or title)		23b. ADDRESS <u>Rolla Missouri</u>	
23c. DATE SIGNED <u>7/2/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial & Removal</u>		24b. DATE <u>July 2, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>So. Charleston, Ohio</u>	
DATE REC'D BY LOCAL REG. <u>July 2, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Steele</u> 380	
25. FUNERAL DIRECTOR'S SIGNATURE <u>George Engberg</u>		ADDRESS <u>So. Charleston Ohio</u>	

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

JUL 19 1967
67 706

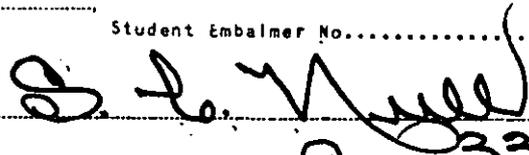
STATEMENT BY LICENSED EMBALMER

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 _____



Signed.....
Student Embalmer

Licensed Embalmer No. 3397

P. O. Address. Raleigh, 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.