

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. 55

BIRTH NO. REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465

1390
1

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Rural 2nd. N. Campbell Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u> OR TOWN <u>Rural 2nd. N. Campbell</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Rt. 11 Springfield, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 11 Springfield, Mo.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>WILLIAM</u>	b. (Middle) <u>CLARENCE</u>	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 16, 1952</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>Widowed</u>	8. DATE OF BIRTH <u>Sept. 29, 1871</u>	9. AGE (in years last birthday) <u>80</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Frisco R.R. Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ash Grove, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Widowed</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. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Roy Jones</u>	ADDRESS <u>Rt. 11 Springfield Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound through mouth into</u>		<u>sudden</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>head.</u> DUE TO (b)		
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 <u>E976</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield, Greene, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan. 16, 1952</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>gun shot wound.</u>
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22. I hereby certify that I am a duly licensed and qualified person, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. E. J. ...</u>	(Degree or title) <u>Coroner</u>	23b. ADDRESS <u>407 Medical Arts Bg.</u>	23c. DATE SIGNED <u>1-18-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-19-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Greene Co. Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-21-52</u>	REGISTRAR'S SIGNATURE <u>James K. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner & Co.</u>	ADDRESS <u>Sofld. Mo.</u>
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

May Rhodes
Licensed Embalmer No. 4071
P. O. Address *Springfield*

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.