

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7469**  
Registrar's No. **267**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

117  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Methodist Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1215 So. 14th St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ernest Edgar</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Thomas</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 9, 1952</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>November 18, 1886</b>	9. AGE (In years last birthday) <b>65</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>groceryman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>store</b>		11. BIRTHPLACE (State or foreign country) <b>White Cloud, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>unk.</b>	13b. MOTHER'S MAIDEN NAME <b>unk.</b>	14. NAME OF HUSBAND OR WIFE <b>Goldie Thomas</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>n</b>	16. SOCIAL SECURITY NO. <b>unk.</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Goldie Thomas, 1215 S. 14th, St. Joseph</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial Infarction</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary Thrombosis</b>		<b>2 hrs</b>
	DUE TO (c) <b>Essential hypertension &amp; Arteriosclerosis, general</b>		<b>5 yrs</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 <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 **8/1** **1950** to **3/8** **1952**, that I last saw the deceased alive on **3/8** **1952** and that death occurred at **12:30a.** m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>C. C. Carter</b>	23b. ADDRESS <b>St. Joseph, Mo.</b>	23c. DATE SIGNED <b>3/10/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>3/11/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>
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DATE REC'D BY LOCAL REG. <b>MAR. 12, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Carter</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Heaton-Bowman Funeral Home St. Joseph, Mo.</b>
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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 James B. Hawkins.....

Licensed Embalmer No. 4536.....

P. O. Address 319 5 10<sup>th</sup> St. Joseph.....

**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.