

FILED MAY 21 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17057

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 66

1. PLACE OF DEATH

a. COUNTY Johnson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg

c. LENGTH OF STAY (In this place) Life

d. FULL NAME OF HOSPITAL OR INSTITUTION Warrensburg Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE Missouri b. COUNTY Johnson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg

d. STREET ADDRESS (If rural, give location) 303 1/2 N. Main Street

3. NAME OF DECEASED

a. (First) Willis b. (Middle) H. c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) May 14 1952

5. SEX Male 0 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept. 27, 1876 9. AGE (In years last birthday) 75

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Drayman 10b. KIND OF BUSINESS OR INDUSTRY Drayman

11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME John Thomas 13b. MOTHER'S MAIDEN NAME Julia Anthony 14. NAME OF HUSBAND OR WIFE Martha Jane Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Jane Thomas Warrensburg, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

INTERVAL BETWEEN ONSET AND DEATH 4 hrs

2. ANTECEDENT CAUSES DUE TO (b) Generalized arteriosclerosis 10 yrs

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

3. DUE TO (c)

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 331X

20. AUTOPSY? YES NO

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) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 15, 1941, to May 14, 1952, that I last saw the deceased alive on May 11, 1952, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS Warrensburg, Missouri 23c. DATE SIGNED 5-16-52

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE 5/16/52 24c. NAME OF CEMETERY OR CREMATORY Sunset Hill 24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 1473 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS The Brauningers, Warrensburg, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

512
0

0512

0

0
0

RECEIVED
MAY 19 1952
JOHNSON COUNTY HEALTH DEPT

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 J. W. Bauninger

Signed.....
Student Embalmer

Licensed Embalmer No. 3377

P. O. Address Warrensburg 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.