S. No. 300
Rev. 10-48

FILED OCT 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34282

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1084

0113

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 65 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 2530 Pacific St.,

3. NAME OF DECEASED (Type or Print)
a. (First): Mitchell
b. (Middle): T.
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): October 11, 1952

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 1
8. DATE OF BIRTH: April 23, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ret. contractor
10b. KIND OF BUSINESS OR INDUSTRY: ~~out~~ bricke company
11. BIRTHPLACE (State or foreign country): Clarksdale, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William P. Thomas
13b. MOTHER'S MAIDEN NAME: Margaret Dalton
14. NAME OF HUSBAND OR WIFE: Catherine Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: -----
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Catherine Thomas, 2530 Pacific, St. Joseph, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ① acidosis secondary to — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ② Diabetes Mellitus — several years
③ acute pyelonephritis — 10 days
~~DUE TO (c)~~ ④ acute bil. orchitis — 4 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
⑤ Parkinsons syndrome on basis arteriosclerosis — 10 yrs.
⑥ A.S.H.D. with cardiac failure — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
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) m.
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* 12 aug., 1948, *to* 11 oct., 1952, *that I last saw the deceased alive on* 11 oct., 1952 *and that death occurred at* 8:50p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thompson E. Potter M.D. 0
23b. ADDRESS: 731 Faraon St. St. Joseph, 54, Mo.
23c. DATE SIGNED: 10-13-'52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: 10-13-52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph Missouri

DATE REC'D BY LOCAL REG.: Oct 16, 1952
REGISTRAR'S SIGNATURE: Carl C. Castig 446-
25. FUNERAL DIRECTOR'S SIGNATURE: Heaton-Bowman Funeral Home
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 23 1955

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 M. E. Johnston

Licensed Embalmer No. 4791

P. O. Address 319 So. 10 St. Joseph, 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.