

5. No. 300
V. 10.48
0495

STANDARD CERTIFICATE OF DEATH

39144

State File No.

FILED DEC 10 1952

038493A

BIRTH NO. 77342 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No.

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. CITY (If outside corporate limits, write RURAL and give township) Joplin	
c. LENGTH OF STAY (In this place) 8 DAYS		d. STREET ADDRESS (If rural, give location) 1205 VALLEY	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHN'S HOSPITAL			

3. NAME OF DECEASED (First) (Middle) (Last) PERRY BRUCE THOMAS			4. DATE OF DEATH (Month) (Day) (Year) 11 30 52		
5. SEX M. J		6. COLOR OR RACE BLACK		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N	
8. DATE OF BIRTH NOV. 22-52		9. AGE (In years last birthday) 8		10. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Joplin Mo U	

13a. FATHER'S NAME EDWARD SHANNON		13b. MOTHER'S MAIDEN NAME VELMA M. THOMAS		14. NAME OF HUSBAND OR WIFE	
--	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Velma M Thomas ADDRESS 1205 valley	
---	--	-------------------------	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity (wt. 1# 9g)		ANTECEDENT CAUSES		hour	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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 776x		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
------------------------	--	--	--	---	--

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 <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 **11-25**, 1952, to **11-20**, 1952, that I last saw the deceased alive on **11-25**, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Juliette McIlwain M.D.		23b. ADDRESS		23c. DATE SIGNED	
--	--	--------------	--	------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12/1/52		24c. NAME OF CEMETERY OR CREMATORY PARKWAY	
				24d. LOCATION (City, town, or county) (State) Joplin Mo	

DATE REC'D BY LOCAL REG. 12-4-52		REGISTRAR'S SIGNATURE Ed O. Garner 1380		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HURL BUT GLOYER MORTUARY	
---	--	--	--	--	--

(Licensed Embalmer's Statement on Reverse Side) **Joplin Mo**

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

0495

RECEIVED 12-8-52
Jasper County Health Office

County File Number 52/12/957

Date Filed 12-8-52

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 *Edmund M. Dungey*

Licensed Embalmer No. 35065

P. O. Address Joplin 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.