No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39436

FILED NOV 25 1952

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 4319 Registrar's No. 47

630
3

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: MISSOURI
b. COUNTY: OSAGE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL (JEFFERSON TOWNSHIP)
d. STREET ADDRESS (If rural, give location): 0769

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle):
c. (Last): THOMS

4. DATE OF DEATH (Month) (Day) (Year): NOV 11th 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: JUNE 29th 1880
9. AGE (In years last birthday): 72 yrs. — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY: own farm
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: FRED THOMS
13b. MOTHER'S MAIDEN NAME: LANE SEIGLER
14. NAME OF HUSBAND OR WIFE: EDNA THOMS

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS EDNA THOMS — ADDRESS: BELLE, MO.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — Interval between onset and death: 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 10 yrs.

DUE TO (c) Complete atrio-ventricular block — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4.200
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* Oct 6, 1952, *to* Nov 11, 1952, *that I last saw the deceased alive on* Nov 11, 1952, *and that death occurred at* 6:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Kozal, M.D. (Degree or title)
23b. ADDRESS: Belle Mo.
23c. DATE SIGNED: Nov. 13, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/14/52
24c. NAME OF CEMETERY OR CREMATORY: LIBERTY CEMETERY
24d. LOCATION (City, town, or county) (State): BELLE, MISSOURI

DATE REC'D BY LOCAL REG.: 11-15-52
REGISTRAR'S SIGNATURE: Pauline Howard 188-0
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: SASSMANN'S FUNERAL SERVICE, BELLE

(Licensed Embalmer's Statement on Reverse Side)

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 Chester Sassman

Licensed Embalmer No. 4128

P. O. Address Poland - Iowa.

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.