L.S. No. 300
Rev. 10-48

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

FILED JAN 26 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 391

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 78

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): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1046 N. Noyes Blv'd.

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): 1046 N. Noyes Blv'd

3. NAME OF DECEASED (Type or Print)
a. (First): Haralson
b. (Middle): Joel
c. (Last): Thames

4. DATE OF DEATH (Month) (Day) (Year): January 19, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 24, 1896
9. AGE (In years last birthday): 56 — 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): Owner & Manager
10b. KIND OF BUSINESS OR INDUSTRY: Auto Laundry
11. BIRTHPLACE (State or foreign country): Greenville, Alabama.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ellis Fowler Thames
13b. MOTHER'S MAIDEN NAME: Lillian Haralson
14. NAME OF HUSBAND OR WIFE: Mabel Thames

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW#1
16. SOCIAL SECURITY NO.: Not given
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Marjorie Steele
ADDRESS: Greenville, Ala.

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) Acute Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Diabetes Mellitus — 10 yrs.
DUE TO (c) General Arterio-Sclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Man died while alone in his home. He had been confined to his home with Chronic Diabetes and Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
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): 260 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Unknown 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~~ Jan 1/19, 1953, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 P m., from the causes and on the date stated above.

23a. SIGNATURE: H F Mundy M.D. (Coroner) (Degree or title)
23b. ADDRESS: St Joseph, Mo.
23c. DATE SIGNED: 1/20/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial & Removal
24b. DATE: Jan. 22, 1953
24c. NAME OF CEMETERY OR CREMATORY: Forest Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Kirksville, Missouri.

DATE REC'D BY LOCAL REG.: Jan 22, 1953
REGISTRAR'S SIGNATURE: Carl C. Casey
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer Fileman Funeral Home, Inc.
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 26 1953

JAN 6 1953

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 Albert R. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.