

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3839

FILED JAN 18 1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0442**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>	c. LENGTH OF STAY (In this place) <b>5 Min</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Devils Elbow, Missouri</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Rural</b>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>Raymond</b>	b. (Middle) <b>Cliffore</b>	c. (Last) <b>Thomas</b>	(Month) <b>Jan.</b>	(Day) <b>13</b>	(Year) <b>53</b>

5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>April 19, 1897</b>	9. AGE (In years last birthday) <b>55</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cold Storage Oper.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Waynesville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John David Thomas</b>	13b. MOTHER'S MAIDEN NAME <b>Laveria Trogdon</b>	14. NAME OF HUSBAND OR WIFE <b>Mary Jane Thomas Wife</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mary Jane Thomas</b> ADDRESS <b>Devils Elbow, Mo</b>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fract skull, subdural hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Injured in accident on 66 and County Road V. 130 miles from</b> DUE TO <b>St. Louis about 1:30 pm Jan 13</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Course &amp; manner of same could not be determined</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hide, etc.) <b>Highway 66</b>	21c. (CITY, TOWN, OR TOWNSHIP) <b>085</b> (COUNTY) <b>Pulaski</b> (STATE) <b>Missouri</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 12 53 1:20</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Auto Accident</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **12:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Earl Smith</b> (Degree or title)	23b. ADDRESS <b>31300 Clark</b>	23c. DATE SIGNED <b>1/15/53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>Jan 15, 53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Waynesville, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Waynesville, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JAN 15 1953</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedges Funeral Home</b> ADDRESS <b>Waynesville, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 6 1953

FEB 5 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 Clarence J. Cross

Licensed Embalmer No. 4896

P. O. Address Waynesville 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.