

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13226

FILED MAY 13 1953

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5089 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pleasant Gap - tp 7</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Pleasant Gap</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0070</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Goldie</u> b. (Middle) <u>F.</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1953</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>January 15, 1891</u>	9. AGE (In years (if under 1 year last birthday) Months Days) <u>62 5 20</u>	IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>do not know</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>David Pierce</u> <u>Do not know</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Meyer</u> <u>Do not know</u>		14. NAME OF HUSBAND OR WIFE <u>W.G. Thomas</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>491-32-2793</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mark H. Thomas</u> ADDRESS <u>Buller, Mo.</u>	
--	--	--	--

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) <u>None of these</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>7</u>
*This does not mean mode of dying, such as suffocation, asphyxiation, strangulation, asphyxia, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
		DUE TO (b)		
		DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 Jan 15, 1953, to May 5, 1953, that I last saw the deceased alive on May 5, 1953, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Golden MD</u>	23b. ADDRESS <u>1011 1/2 E. 11th St. Mo.</u>	23c. DATE SIGNED <u>May 5, 1953</u>
---	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>May 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fristoe Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Fristoe Mo.</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>May 7, 1953</u>	REGISTRAR'S SIGNATURE <u>Randall L. Vandy 7-6</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis & Son</u> ADDRESS <u>Schell City, Mo.</u>
---	---	---

070
1

JUN 18 1953

JUL 9 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Student Embalmer

Signed.....

Marion M. Lewis

Licensed Embalmer No. *3084*

P. O. Address *Schell City, 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.

3 1953

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

13226-53

State of Missouri }
County of Bates } ss.

State File No. _____
Local Registrar's No. 54

AFFIDAVIT FOR CORRECTION OF A RECORD

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

On this 16th day of May, 1953, before me appears _____
W. H. Thomas, who, upon his oath, states that the original record of ^{birth} death
for Heldie T Thomas, ^{died} born May 5, 1953, in the State of
Missouri, and which was filed at Butler, Mo on May 9, 1953 should be corrected as follows:

Item No. 8 should read January 15, 1891

Instead of January 15, 1886

Item No. 9 should read 62 years

Instead of 67 years

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: W. H. Thomas Husband
Relationship.

Present Address.

Subscribed and sworn to before me this 16 day of May, 1953

My Commission expires Feb 19, 1956 Jack C. Wells Notary Public.

