

FILED SEP 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28422**

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **4212** Registrar's No. **190**

0420

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blairstown		c. CITY OR TOWN Blairstown	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 30yr		e. STREET ADDRESS (If rural, give location) Blairstown, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home, Blairstown, Mo.			

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Harry	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year) Aug 28, 1953
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH January 19, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Days 7	IF UNDER 4 HRS. Min. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stone Mason	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Leroy, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ransom Thomas	13b. MOTHER'S MAIDEN NAME Sarah Hanes	14. NAME OF HUSBAND OR WIFE Stella Parker Thomas
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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) no	16. SOCIAL SECURITY NO. XXXX	17. INFORMANT'S SIGNATURE OR NAME Wm. W. Thomas, Okmulgee, Oklahoma	ADDRESS Okmulgee, Oklahoma
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH D.O.A.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to **8:29**, 19**53**, that ~~signature~~ **PA** the deceased alive on **8-28**, 19**53**, and that death occurred at **9A** m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell Dr (Coroner)	(Degree or title)	23b. ADDRESS Clinton mo	23c. DATE SIGNED 9-1-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/21/53	24c. NAME OF CEMETERY OR CREMATORY Blairstown Cemetery	24d. LOCATION (City, town, or county) (State) Blairstown, Missouri
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DATE REC'D BY LOCAL REG Sept. 4-53	REGISTRAR'S SIGNATURE Florence Bidan	25. FUNERAL DIRECTOR'S SIGNATURE Canada & Ropp, Holden, Missouri.	ADDRESS Holden, Missouri.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed..... *M. J. Canaday*

Licensed Embalmer No. *134*

P. O. Address *Holden*

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**