

FILED AUG 21 1953

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. **29292**

BIRTH NO. _____		REG. DIST. NO. <u>200</u>		PRIMARY REG. DIST. NO. <u>4310</u>		Registrar's No. <u>99</u>	
1. PLACE OF DEATH a. COUNTY <u>Maine</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Macron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brews</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Brews</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____ <u>0610</u>			
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Charles</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Thomas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-5-53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-7-29</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Coal Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Lagoda Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James W. Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Perrin</u>		14. NAME OF HUSBAND OR WIFE <u>Hester S. Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Hester S. Thomas</u> ADDRESS <u>Brews Mo</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic endocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis</u> 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 _____				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) _____		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 <u>Oct 1951</u> , to <u>Aug 5, 1953</u> , that I last saw the deceased alive on <u>Aug 5, 1953</u> , and that death occurred at <u>10:41</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>C. H. Edwards</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Macron</u>		23c. DATE SIGNED <u>8/11/53</u>	
24a. BURIAL, CREMATION, REPOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Richardson Cem. Brews Mo</u>		24d. LOCATION (City, town, or county) _____ (State) _____	
DATE REC'D BY LOCAL REG. <u>8/11/53</u>		REGISTRAR'S SIGNATURE <u>Auth McNeely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. H. Edwards</u> ADDRESS <u>Brews Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

610

RECEIVED 8.18.53
MACON COUNTY HEALTH DEPARTMENT
County File No. 8.53.150
Date Filed 8.19.53

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 *H. Edward*

Licensed Embalmer No. *1961*

P. O. Address *Levin, 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.