

FILED JUN 9 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16970**

BIRTH NO. **37869-54** REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **3056** Registrar's No. **134**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Wayland Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCormack Hosp.		d. STREET ADDRESS (If rural, give location) 3 Miles N.E. of Prairie Hill	
3. NAME OF DECEASED (Type or Print) a. (First) Marvin b. (Middle) Eldon c. (Last) Thomas Jr.		4. DATE OF DEATH (Month) (Day) (Year) June 1 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH June 1-1954
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY none	
11. BIRTHPLACE (City and State or Foreign Country) Moberly Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Marvin Eldon Thomas		13b. MOTHER'S MAIDEN NAME Ellen Kathryn Hulette	
14. NAME OF HUSBAND OR WIFE none		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. None		17. INFORMANT'S SIGNATURE OR NAME Marvin Eldon Thomas	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Cardiac Hypertrophy Premature Toxemia of Pregnancy		19. DATE OF OPERATION 7695	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. 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. HOW DID INJURY OCCUR?	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from June 1, 1954 , to June 1, 1954 , that I last saw the deceased alive on June 1, 1954 , and that death occurred at 1:16 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) W. Noel Raines O.D.		23b. ADDRESS Clifton Hill	
23c. DATE SIGNED 6-2-54		24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24a. DATE June 2-1954		24b. NAME OF CEMETERY OR CREMATORY Johnson Cemetery	
24c. LOCATION (City, town, or county) (State) Chariton County Mo		25. FUNERAL DIRECTOR'S SIGNATURE Chas B Winkehnry	
25a. DATE REC'D BY LOCAL REG. 6/2/54		25b. REGISTERAR'S SIGNATURE Paadhu...	
25c. ADDRESS Salisbury Mo.		25d. ADDRESS Salisbury Mo.	

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas B Winhelmeza

Licensed Embalmer No. *3842*

P. O. Address. *Salisbury 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.