

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **247** PRIMARY REG. DIST. NO. **4366** Registrar's No. **42**

1. PLACE OF DEATH a. COUNTY NEWTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY NEWTON	
b. CITY (If outside corporate limits, write RURAL, and give township) GRANBY		c. CITY OR TOWN GRANBY	d. In 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)		e. STREET ADDRESS (If rural, give location) 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION Kimbrough Nursing Home			

3. NAME OF DECEASED a. (First) JAMES b. (Middle) L. c. (Last) THAIN			4. DATE OF DEATH (Month) (Day) (Year) August 22 1954		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED; (Specify) M	8. DATE OF BIRTH JAN 22 1887	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Newton Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE NORA THAIN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 489-24-544		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS ANNA MARGARET THAIN Neosho Mo.	

18. CAUSE OF DEATH Enter only once each per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			
		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 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 _____, 19____, to **8:22**, 19**54**, that I last saw the deceased alive on _____, 19____, and that death occurred at **1 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <i>Corley Thompson Jr.</i> (Degree or title)		23b. ADDRESS 307 E Main St. Neosho Mo.		23c. DATE SIGNED 8-22-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-24-54		24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	
		24d. LOCATION (City, town, or county) (State) Neosho Missouri			

DATE REC'D BY LOCAL REG. Aug 24 1954		REGISTRAR'S SIGNATURE <i>Grace Sanders</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Corley Thompson Jr. Neosho Mo.</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0730

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 854-172

Date Filed AUG 30 1954

NEOSHO, MISSOURI

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 Carly Thompson
Licensed Embalmer No. 486

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