

STANDARD CERTIFICATE OF DEATH

State File No. 5708

FILED MAR 7 1955

BIRTH NO. REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5885 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>OSARK</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>OSARK</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Barryn Fork Twp Mo</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Rural Barryn Fork Township</u>		07700	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Kelly</u> c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 25 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>11-4-1892</u>
9. AGE (In years last birthday) <u>62</u>		# UNDER 1 YEAR	# UNDER 10 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Osark County Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Dave Thomas</u>	

13b. MOTHER'S MAIDEN NAME <u>Mary Lottis</u>	14. NAME OF HUSBAND OR WIFE <u>Nancy Harley 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>None</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Thomas</u>	
ADDRESS <u>Willhoit Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>30 Min</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		ANTECEDENT CAUSES		DUE TO (b) <u>Cerebral Hemorrhage</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Hemiplegia</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				2 Mo	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>351X</u>	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: <u>2</u> (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?

22. I hereby certify that I attended the deceased from Jan 8, 1955, to Feb 25, 1955, that I last saw the deceased alive on Feb 25, 1955, and that death occurred at 10:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>MJ. Sherman</u>	461 (Degree or title) <u>MD</u>	23b. ADDRESS <u>Gainesville Mo</u>	23c. DATE SIGNED <u>2-26-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>2-27-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Franklin Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Osark County Mo.</u>

DATE REC'D BY LOCAL REG. <u>3-5-55</u>	REGISTRAR'S SIGNATURE <u>Shane Mahan</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinckinbeard</u>	ADDRESS <u>Gainesville</u>
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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 *John P. Elsey*.....

Licensed Embalmer No. *4885*.....

P. O. Address *Leimerville*.....

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.