

FILED MAR 28 1955

STANDARD CERTIFICATE OF DEATH

State File No. **7352**
REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **297**

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give town) St. Joseph		c. LENGTH OF STAY (In this place) most of life	c. CITY OR TOWN St. Joseph
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital		e. STREET ADDRESS (If rural, give location) 822 N. 25th St.	
3. NAME OF DECEASED (Type or Print) a. (First) Russell		b. (Middle) H.	c. (Last) Thomas
4. DATE OF DEATH (Month) (Day) (Year) March 17, 1955	5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH August 15, 1889	9. AGE (In years last birthday) 65	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. salesman	10b. KIND OF BUSINESS OR INDUSTRY Dry Goods Co.
11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio	12. CITIZEN OF WHAT COUNTRY? USA	13a. FATHER'S NAME Charles Thomas	13b. MOTHER'S MAIDEN NAME Dora Gray
14. NAME OF HUSBAND OR WIFE Pearl	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 491-10-3357	17. INFORMANT'S SIGNATURE OR NAME Mrs. R. H. Thomas, 822 N. 25th St. Joseph, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 none	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) 331 X	
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 17 March 1955 , to 17 March 1955 , that I last saw the deceased alive on 17 March 1955 , and that death occurred at 9:13 p. m. , from the causes and on the date stated above.			
23a. SIGNATURE J. H. Mothenhead MD		23b. ADDRESS 2603 Fredrick Ave., City	23c. DATE SIGNED 3-19-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/21/1955	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
DATE REC'D BY LOCAL REG. March 24, 1955	REGISTRAR'S SIGNATURE Evelyn M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Brewer	ADDRESS St. Joseph, Mo.

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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 *Eugene Wood*

Licensed Embalmer No. *380*

P. O. Address *342 10th St*

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.