

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 28 1955

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Neoga</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY OR TOWN <u>West Plains</u>		c. CITY OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>Neoga</u>		d. STREET ADDRESS (If rural, give location) <u>326 N. Arkansas</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray Lee</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-1955</u>
5. SEX <u>M</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>2-24-1906</u>
9. AGE (In years last birthday) <u>48</u>		10. MONTHS <u>11</u>	11. DAYS <u>17</u>
10a. USUAL OCCUPATION (Give kind of work done during major working life, even if retired) <u>Caultryman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Caultry</u>	11. BIRTHPLACE (State or foreign country) <u>Mammoth Spng, Ark</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Ray Thomas</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice B Lane Ruby Thomas</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ruby Thomas</u>		ADDRESS <u>West Plains 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, ashenia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>			<u>1 week</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary fibrosis and total paraplegia</u>			<u>2 years</u>
DUE TO (c) <u>Pulmonary tuberculosis and tuberculosis of spine</u>			<u>1 year</u>
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) (M)	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>August 1955</u> to <u>Jan 25, 1955</u> that I last saw the deceased alive on <u>Jan 24, 1955</u> , and that death occurred at <u>2:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>M. J. Fowler M.D.</u>		23b. ADDRESS <u>West Plains Mo</u>	23c. DATE SIGNED <u>2/18/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1/27/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>
DATE REC'D BY LOCAL REG. <u>2-23-55</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert ...</u>	ADDRESS <u>West Plains Mo</u>

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
Student Embalmer

Signed

J. S. Roberts

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

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.