

FILED JUL 11 1955

STANDARD CERTIFICATE OF DEATH

18465

State File No.

BIRTH NO. _____ REG. DIST. NO. 142-1 PRIMARY REG. DIST. NO. 4231 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Hawaii</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Hawaii</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Minerva</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Minerva</u>	
c. LENGTH OF STAY (in this place) <u>42</u>		d. STREET ADDRESS (If rural, give location) <u>Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) (First) <u>GEORGE</u> (Middle) <u>- ANDERSON</u> (Last) <u>- THOMASON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 - 4 - 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>6-1-1877</u>	9. AGE (In years last birthday) <u>78</u>	10. UNDER 1 YEAR Months <u>1</u> Days <u>4</u>	11. UNDER 18 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ATTORNEY-AT-LAW</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>LOW-VASSIE - MD</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>W-P THOMASON</u>	13b. MOTHER'S MAIDEN NAME <u>KATHERINE MABSSIE MARY-E THOMASON</u>	14. NAME OF HUSBAND OR WIFE <u>OTTO THOMASON-HOUSTON - MD</u>
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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.	17. INFORMANT'S SIGNATURE OR NAME <u>OTTO THOMASON-HOUSTON - MD</u>	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 Days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> <u>unknown</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from July 2, 1955, to July 4, 1955, that I last saw the deceased alive on July 4, 1955, and that death occurred at 4:30 P.M. from the causes and on the date stated above.

23a. SIGNATURE (In full name) <u>Dolph Davies</u>	23b. ADDRESS <u>Minerva MD</u>	23c. DATE SIGNED <u>7/6/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 6-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Minerva MD</u>
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DATE REC'D BY LOCAL REG. <u>7/12/55</u>	REGISTRAR'S SIGNATURE <u>Laura M. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>DUNCAN'S VIEW - MD</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

Joe P. Dunleavy

Licensed Embalmer No. *4326*

P. O. Address *John River Inn*

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.