

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **19736**

No. 300
10-48
FILED JUL 11 1955

BIRTH NO. _____ REG. DIST. NO. **295** PRIMARY REG. DIST. NO. **6016** Registrar's No. **131**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY Randolph	b. CITY (If outside corporate limits, write RURAL and give town(ship) OR TOWN R. F. D. Higbee Silver Creek	a. STATE Missouri	b. COUNTY Randolph
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. F. D. Higbee Silver Creek	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0880	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Radford	b. (Middle) Carr	c. (Last) Thomas	July 2 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) N.M.	8. DATE OF BIRTH May 18 1861		9. AGE (In years last birthday) 94
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) / Virginia	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME William Thomas	13b. MOTHER'S MAIDEN NAME Ruth Spears	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Pat Thomas R. F. D. Higbee 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes Senilaty		
	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 ✓	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) 7955
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 _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10/40a., from the causes and on the date stated above.**

23a. SIGNATURE (Degree or title) Genl S Jolly Cornner D. O.	23b. ADDRESS Moberly, Mo	23c. DATE SIGNED 7-2-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 3 1955	24c. NAME OF CEMETERY OR CREMATORY Roanoke	24d. LOCATION (City, town, or county) (State) Roanoke Mo
DATE REC'D BY LOCAL REG July 5 1955	REGISTRAR'S SIGNATURE Mary H. Sewley	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burton Funeral Home Higbee Mo	

(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 *W. Greenmouth*

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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 this body is not embalmed, fact should be so stated above.