

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30138

State File No.

FILED SEP 23 1955

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 168

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>	c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1021 1st St.</u>		e. STREET ADDRESS (If rural, give location) <u>1021 1st St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RAY</u>	b. (Middle)	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 18 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 4, 1900</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cutter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Glove Mfg. Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelbina, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harry S. Thomas Miami</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Ferrell</u>	14. NAME OF HUSBAND OR WIFE <u>Ruby Robbins</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. <u>300-07-2163</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Thomas</u>	ADDRESS <u>Chillicothe, Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>	INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	4201	
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) (Min.)	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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I hereby certify that I attended the deceased from Nov 19, to _____, 19____, that I last saw the deceased alive on Sept. 18, 1955, and that death occurred at 9:45 a.m., from the causes and on the date stated above.

22. SIGNATURE (Degree or title) <u>Joseph A. Conrad M.D. (Coroner)</u>	23b. ADDRESS <u>Chillicothe, Mo</u>	23c. DATE SIGNED <u>Sept. 20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-20-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Sept-20-55</u>	REGISTRAR'S SIGNATURE <u>Francis B. Nail 1715</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>NORMAN FUNERAL HOME</u>	ADDRESS <u>Chillicothe, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 6 1955

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 *Elton Norman*

Licensed Embalmer No 4036..

P. O. Address Chillicothe

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.