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FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 555

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3009 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson
c. LENGTH OF STAY (in this place): 24 Yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 122 East Mary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cape Gir.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson, Mo.
d. STREET ADDRESS (If rural, give location): 122 East Mary

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3. NAME OF DECEASED (Type or Print)
a. (First): Otto
b. (Middle):
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): 2- 1- 56

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-13-1874
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Micheal Thomas
13b. MOTHER'S MAIDEN NAME: Welker
14. NAME OF HUSBAND OR WIFE: Olie S. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 488-28-9523
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Olie S. Thomas Jackson, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: Dont know

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis and Asthma — Dont know
DUE TO (c) ✓

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ✓ 4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 1, 1953, *to* Feb 1, 1956, *that I last saw the deceased alive on* Feb 1, 1956, *and that death occurred at* 1:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. L. Sutton Mo
23b. ADDRESS: Jackson Mo
23c. DATE SIGNED: 2-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-56
24c. NAME OF CEMETERY OR CREMATORY: Herculaneaum
24d. LOCATION (City, town, or county) (State): Herculaneaum Mo.

DATE REC'D BY LOCAL REG.: 2-2-56
REGISTRAR'S SIGNATURE: C. C. Summers 44-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: McCambs Funeral Home Jackson, 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 Thos. K. Allen

Licensed Embalmer No. 4055

P. O. Address Jackson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.