

FILED FEB 1 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **876**

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **14**

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cardwell | |
| c. LENGTH OF STAY (in this place) 1 Day | | e. 35-0 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin Co. Memorial Hosp | | d. STREET ADDRESS (If rural, give location) | |

| | | | | |
|-------------------------------------|-------------------------|-----------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) Henry | b. (Middle) Benjamin | c. (Last) Thomason | 4. DATE OF DEATH (Month) (Day) (Year) January 22, 1956 |
|-------------------------------------|-------------------------|-----------------------------|---------------------------|--|

| | | | | | | | | |
|-----------------|---------------------------|---|---------------------------------------|---|--------------------------------|------------------------------|---------------------|--------------------|
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH Aug. 14, 1875 | 9. AGE (In years last birthday) 80 | # UNDER 1 YEAR Months 5 | # UNDER 1 YEAR Days 8 | # UNDER 1 HR. Hours | # UNDER 1 HR. Min. |
|-----------------|---------------------------|---|---------------------------------------|---|--------------------------------|------------------------------|---------------------|--------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Forrest City, Arkansas | 12. CITIZEN OF WHAT COUNTRY? USA |
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|--|---|-----------------------------|
| 13a. FATHER'S NAME John Thomason | 13b. MOTHER'S MAIDEN NAME Julia Ann Roberts | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. no | 17. INFORMANT'S SIGNATURE OR NAME John H. Thomason, Dexter, Missouri | 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, asphyxia, 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) Cerebral Hemorrhage, Right | | |
| | 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. 331x | | | |

| | | |
|------------------------|----------------------------------|---|
| 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? |
|---|--|----------------------------|

22. I hereby certify that I attended the deceased from _____, 19____, to **1-22-**, 19**56**, that I last saw the deceased alive on **1-22-**, 19**56**, and that death occurred at **10:05 a.m.**, from the causes and on the date stated above.

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|---|--------------------------------------|------------------------------------|
| 23a. SIGNATURE (Degree or title) W. Wengert | 23b. ADDRESS Cardwell, Mo. | 23c. DATE SIGNED 1-26-56 |
|---|--------------------------------------|------------------------------------|

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|--|-----------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE 1-23-56 | 24c. NAME OF CEMETERY OR CREMATORY Cardwell | 24d. LOCATION (City, town, or county) (State) Cardwell, Missouri |
|--|-----------------------------|---|--|

| | | | |
|--|---|---|---------------------------------------|
| DATE REC'D BY LOCAL REG. Jan 28-56 | REGISTRAR'S SIGNATURE Earl H. ... | 25. FUNERAL DIRECTOR'S SIGNATURE Mitchell Funeral Home, | ADDRESS Paragould, Arkansas |
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WRITE PLAINLY - USING DATE ONLY

RECEIVED DUNKLIN COUNTY
DEPARTMENT1-30.....
COUNTY FILE NUMBER ..1

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 Wendell L. Mitchell

Licensed Embalmer No. 313

P. O. Address Greenville

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

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