

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1089**

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>128</u>  |  | PRIMARY REG. DIST. NO. <u>2000</u>   |  | Registrar's No. <u>103-B</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>  |  | c. LENGTH OF STAY (In this place) <u>part 1 day</u>  |  | c. CITY OR TOWN <u>Ash Grove</u>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>   |  |  |  | e. STREET ADDRESS (If rural, give location) <u>3 miles S. E.</u> <span style="float: right;"><u>0390</u></span>                            |  |  |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u>   |  | b. (Middle) <u>HOWARD</u>  |  | c. (Last) <u>THOMAS</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 28 56</u>   |  |
| 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>July 14, 1867</u>  |  |
| 9. AGE (In years last birthday) <u>88</u>  |  | 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) <u>Farmer</u>  |  | 10b. KIND OF BUSINESS OR INDUSTRY _____  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Willard, Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |
| 13a. FATHER'S NAME <u>James Thomas</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Martha Wilson</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Laura Thomas</u>  |  |  |  |
| 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>500-40-9397</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Efton W. Thomas Marshall, Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerotic Heart Disease</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>Not known</u>   |  |
| 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) <u>4200</u>  |  |  |  |
| 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 <u>1-27, 1956</u> , to <u>1-28, 1956</u> , that I last saw the deceased alive on <u>1-28, 1956</u> , and that death occurred at <u>2:15p m.</u> , from the causes and on the date stated above. |  |  |  |  |  |  |  |
| 23a. SIGNATURE <u>Wm. Kitch</u>  |  | (Deceased or Next of Kin) <u>Mrs. D. Springfield Mo</u>  |  | 23b. ADDRESS _____   |  | 23c. DATE SIGNED <u>2-1-56</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>1-30-56</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Ash Grove Cemetery</u>   |  | 24d. LOCATION (City, town, or county) (State) <u>Ash Grove, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>2-6-56</u>   |  | REGISTRAR'S SIGNATURE <u>Edith Williamson</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brun - Daniel Ash Grove Mo</u>   |  |  |  |

(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.....  
Signature of Student Embalmer

Signed *Boyle L. Lowell*.....

Licensed Embalmer No... *429*.....

P. O. Address *Ash Grove*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.