

FILED MAR 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4262

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Dent</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>rural - Watkins typ</b>		c. LENGTH OF STAY (in this place) <b>57 yrs</b>	c. CITY OR TOWN <b>Salem</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>XX</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>Near Mt Herman</b>		03515	

3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b> b. (Middle) <b>Wilfred</b> c. (Last) <b>Thomason</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 27 1956</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>Sept 3rd 1898</b>		9. AGE (In years last birthday) <b>57</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Dent Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S</b>

13a. FATHER'S NAME <b>Samuel H Thomason</b>	13b. MOTHER'S MAIDEN NAME <b>Henrietta Robinet</b>	14. NAME OF HUSBAND OR WIFE <b>Cora Elizabeth Thomason</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Lloyd Thomason Salem Mo</b>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Sunshot wound of head sudden</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Suicide 12 Ga shotgun</b>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>976 X</b>			

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.) <b>Home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>within top Dent mo</b>
21d. TIME OF INJURY <b>2-27-56 4:30</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Suicide</b>

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 **4:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Marshall C. Blackwell Coroner</b>	23b. ADDRESS <b>Salem, Mo</b>	23c. DATE SIGNED <b>2/27/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>Feb 29 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt Herman Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Dent Co. Mo</b>
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DATE REC'D BY LOCAL REG. <b>2-28-56</b>	REGISTRAR'S SIGNATURE <b>R. E. Ditchell, Jr. Dy 288</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. K. Spruce Salem Mo</b>
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(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.....  
*Carl H. Jones*

Licensed Embalmer No. *23*

P. O. Address *Salisbury*

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.