

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5833

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5933 Registrar's No. 128

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Longwood</u>		c. CITY OR TOWN <u>Hughesville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North of Sedalia</u>		STREET ADDRESS <u>North of Sedalia</u>	
9 1/2 Mi. N.U.S.Hwy. #65, R.1		9 1/2 Mi. N.U.S.Hwy. #65, Route 1	

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>HENRY</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 29, 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 9, 1883</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____
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 <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Lee Grand Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Grimes</u>		14. NAME OF HUSBAND OR WIFE <u>Sally Kirkman Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-10-5100</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm H. Thomas, Jr. Sedalia, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>		ANTECEDENT CAUSES		<u>Immediate</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Atherosclerosis</u>		<u>10 yrs +</u>	
DUE TO (c) <u>Diabetes mellitus</u>		II. OTHER SIGNIFICANT CONDITIONS		<u>15 yrs.</u>	
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"/>	
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>260X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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 _____, 1956, to 2-29, 1956, that I last saw the deceased alive on 2-5-56 1956, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Daniel R. Edwards M.D.</u>			23b. ADDRESS <u>Sedalia, Mo</u>		23c. DATE SIGNED <u>2-29-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/2/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Pettis Co., Mo.</u>	

DATE REC'D BY LOCAL REG. <u>3-25-56</u>		REGISTRAR'S SIGNATURE <u>Thomas Coontz, Spats</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Beckhart, Sedalia, Mo</u>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

GILLESPIE FUNERAL HOME

CERTIFICATE
MAY 1 1953

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 *Russell C. Maag*

Licensed Embalmer No. *480*

P. O. Address *Sedalia,*

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.