

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**21481**

State File No. ....

**FILED JUL 12 1956**

BIRTH NO. _____		REG. DIST. NO. <u>276</u>		PRIMARY REG. DIST. NO. <u>5945</u>		Registrar's No. <u>48</u>	
<b>I. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>PHELPS</u>		b. STATE <u>Missouri</u>		c. COUNTY <u>Phelps</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY OR TOWN <u>Rural-Dillon twsp.</u>		c. LENGTH OF STAY (In this place) <u>Years</u>		c. CITY OR TOWN <u>Rural-Dillon twsp.</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Parker Lane, Mile E. of Rd. V</u>				e. STREET ADDRESS (If rural, give location). <u>Parker Lane, 1 Mile E. of Rd. V</u>			
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>				
a. (First) <u>WALTER</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>THOMAS</u>	(Month) <u>June</u>	(Day) <u>13,</u>	(Year) <u>1956</u>		
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>July 24, 1892</u>		<b>9. AGE</b> (In years last birthday) <u>63</u>	If UNDER 1 YEAR Months _____ Days _____	If UNDER 2 HRS. Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Farming</u>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>St. James, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>William Thomas</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sarah</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Eunice</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No.</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Eunice Thomas</u>			
				<b>ADDRESS</b> <u>Star Rt. St. James,</u>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>ACUTE CONGESTIVE CARDIAC FAILURE</u>				<u>1 week</u>	
		<b>ANTECEDENT CAUSES</b>				<u>2 yrs.</u>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>CARDIO-RENAL INSUFFICIENCY</u>					
		DUE TO (c) <u>HYPERTENSION, ARTERIOSCLEROSIS</u>				<u>years</u>	
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>none</u>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> <u>***</u> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <u>***</u>		<b>(COUNTY)</b> <u>***</u>	
				<b>(STATE)</b> <u>***</u>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>JUNE</u> , 19 <u>47</u> , to <u>6-13</u> , 19 <u>56</u> ; that I last saw the deceased alive on <u>June 13</u> , 19 <u>56</u> , and that death occurred at <u>10.20A m.</u> , from the causes and on the date stated above.							
<b>23a. SIGNATURE</b> (Degree or title) <u>M. K. Underwood, M.D.</u>				<b>23b. ADDRESS</b> <u>202 West 10th, ROLLA, MO</u>		<b>23c. DATE SIGNED</b> <u>6-14-56</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. NAME OF CEMETERY OR CREMATORY</b> <u>Adams Cemetery</u>		<b>24c. LOCATION</b> (City, town, or county) <u>Phelps County, Missouri</u>		<b>(State)</b>	
<b>DATE REC'D BY LOCAL REG.</b> <u>7-2-56</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Ruth B. Powell</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Null &amp; Sons Funeral Home</u>		<b>ADDRESS</b> <u>Rolla, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300  
0.48

+ 79  
0

RECEIVED

Phelps County Health Officer,

County File Number 467

Date Filed 7/11/86

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**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..... *Paul E. Ne...*

Licensed Embalmer No. 44

P. O. Address Dolla

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.