

All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Coroner must use only standard nomenclature in Part 16. No symptoms will be listed. All

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30449

STATE FILE NUMBER

FILED OCT 1 - 1956

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 864

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Handley Hosp.			Length of stay in 1b 22 years		d. STREET ADDRESS 643 Poplar		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First John Middle H. Last Thomas				4. DATE OF DEATH Month Sept. Day 21 Year 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 5, 1893		9. AGE (In years last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barber Shop		11. BIRTHPLACE (City and state or country) Webster County, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME William Thomas				14. MOTHER'S MAIDEN NAME Emily Rowe					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 490-28-0675		17. INFORMANT Address Mrs. Lina Thomas-Springfield, Mo.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Encephalopathy DUE TO (b) Intractable Hypertension DUE TO (c) HTCVD. CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443x								INTERVAL BETWEEN ONSET AND DEATH 4 1/2 yrs 2 yrs 15 yrs	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from Sept 1935 to Sept 21 - 56 and last saw her alive on Sept 21 - 56 Death occurred at 5:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Earl W Russell MD				22b. ADDRESS 1503 S. Glenwood				22c. DATE SIGNED 9-22-56	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9-24-56		23c. NAME OF CEMETERY OR CREMATORY Niangua Cemetery		23d. LOCATION (City, town, or county) (State) Niangua, Mo.			
24. FUNERAL DIRECTOR Earl W Russell ADDRESS Springfield, Mo.				25. DATE RECD. BY LOCAL REG. 9-24-56		26. REGISTRAR'S SIGNATURE Edith Williamson			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

APR 13 1956

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.....
Licensed Embalmer No. 3312

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.