

FILED NOV 7 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34611

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 174

1. PLACE OF DEATH
a. COUNTY Laclede

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Laclede

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon c. LENGTH OF STAY (in this place) 1 yr.
c. CITY OR TOWN Lebanon d. Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION 855 N. Jefferson
e. STREET ADDRESS (If rural, give location) 855 N. Jefferson 05320

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) _____ c. (Last) Thomas 4. DATE OF DEATH (Month) (Day) (Year) Oct. 26, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Mar. 11, 1886 9. AGE (In years last birthday) 70 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) Merchant 10b. KIND OF BUSINESS OR INDUSTRY Restaurant 11. BIRTHPLACE (City and State or Foreign Country) Scranton, Kansas 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William R. Thomas 13b. MOTHER'S MAIDEN NAME Rebecca Pascoe 14. NAME OF HUSBAND OR WIFE E. Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. E. Thomas, Lebanon, Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Malignancy
ANTECEDENT CAUSES DUE TO (b) Cardiac Decompensation
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6+ mo
3 mo

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 163x

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) Lebanon, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1956 to 10/26, 1956, that I last saw the deceased alive on 10/26, 1956, and that death occurred at 7:15 p.m. from the causes and on the date stated above.

23a. SIGNATURE James L. Hope, M.D. 23b. ADDRESS Lebanon, Mo. 23c. DATE SIGNED 10/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/29/56 24c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Cem. 24d. LOCATION (City, town, or county) (State) Laclede Co. Missouri

DATE REC'D BY LOCAL REG. 10-29-1956 REGISTRAR'S SIGNATURE Hella L. Gray 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Palmer Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *S. R. Palmer*.....

Licensed Embalmer No. *220*.....

P. O. Address *Urbana*.....

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.