

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35195**

FILED OCT 23 1956

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 362

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1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Francois Twp.		c. CITY OR TOWN Catuthersville (?)	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) 20y, 9m, 1d		e. STREET ADDRESS (If rural, give location) The County Farm	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Hosp. #4			

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3. NAME OF DECEASED (Type or Print) a. (First) HARRY b. (Middle) c. (Last) THOMAS		4. DATE OF DEATH (Month) (Day) (Year) Oct. 2 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Jan. 25, 1895
9. AGE (In years last birthday) 61		IF UNDER 1 YEAR Months 8 Days 7	IF UNDER 24 HRS. Hours 7 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Pemiscot Co., Mo.
		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Julus Thomas	13b. MOTHER'S MAIDEN NAME Aheart	14. NAME OF HUSBAND OR WIFE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records, State Hosp. #4, Farmington, Mo.

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) Coronary Occlusion - - - - - instantaneously.		DUE TO (b) Arteriosclerotic Heart Disease - -		Unknown .
*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 (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Psychosis with mental deficiency.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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?

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22. I hereby certify that I attended the deceased from July 11, 1956, to Oct. 2, 1956, that I last saw the deceased alive on Oct. 2, 1956, and that death occurred at 4:20p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John B. Brennan M.D.	23b. ADDRESS State Hospital No. 4, Farmington, Mo. 10-3-56	23c. DATE SIGNED
24a. HOSPITAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 10-4-56	24c. NAME OF CEMETERY OR CREMATORY Washington Univ. Anat. Dept.
		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri

DATE REC'D BY LOCAL REG. 10-3-56	REGISTRAR'S SIGNATURE Esther Rudloff	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home, Farmington, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2890

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 Not Embalmed, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Bert J. Miller
Licensed Embalmer No. 3752

P. O. Address Farmington,

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.