

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

124

FILED FEB 7 1957

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 4021 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LADDONIA		c. CITY OR TOWN LADDONIA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IN AUTOMOBILE		d. STREET ADDRESS 3MI. NW of LADDONIA	
3. NAME OF DECEASED (Type or print) First JAMES Middle WILLIAM Last THOMASSON		4. DATE OF DEATH Month 1 Day 29 Year 1957	
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 MAY 19, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CALLOWAY COUNTY, MO.
13. FATHER'S NAME ROBERT THOMASSON		14. MOTHER'S MAIDEN NAME IDA STEELE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT MRS. IDA THOMASSON LADDONIA, MO.	
16. SOCIAL SECURITY NO. 489-42-8244		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROBABLE CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 4201			INTERVAL BETWEEN ONSET AND DEATH 30 minutes.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PERNICIOUS ANEMIA; Generalized Arteriosclerosis			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month _____ Day _____ 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 <u>1/14/57</u> to <u>1/29/57</u> and last saw her/him alive on <u>1/29/57</u> Death occurred <u>4:30 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest R. Lemme MD (Degree of title)		22b. ADDRESS Vandalia, Mo.	22c. DATE SIGNED 1/30/57
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2-1-1957	23c. NAME OF CEMETERY OR CREMATORY LADDONIA CEMETERY	23d. LOCATION (City, town; or county) (State) LADDONIA, MISSOURI
24. FUNERAL DIRECTOR William Biehoff, Laddonia, Mo. ADDRESS		25. DATE RECD. BY LOCAL REG. Jan 31-1957	26. REGISTRAR'S SIGNATURE Blanche Neely

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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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 em

by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Clyde H. H. H.*
Licensed Embalmer No. 38

P. O. Address *Perry*

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