FILED FEB 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 2488

Registration District No. 316 Primary Registration District No. 3060 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Farmington — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: White Way Nursing Home — Length of stay in Ib: 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Madison
c. CITY OR TOWN: Fredericktown — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 109 So. Maple — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: William Middle: Jefferson Last: Thomas

4. DATE OF DEATH Month: Jan. Day: 28 Year: 1957

5. SEX: Male **6. COLOR OR RACE:** White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐

8. DATE OF BIRTH: March 7, 1871 **9. AGE** (In years last birthday): 85 — IF UNDER 1 YEAR: Months 10 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer **10b. KIND OF BUSINESS OR INDUSTRY:** None

11. BIRTHPLACE (City and state or country): Madison County, Mo. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME: Moses Thomas **14. MOTHER'S MAIDEN NAME:** Emmaline Thomason

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: Floyd Thomas Address: 7308 Burrwood Dr. St. Louis, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 490X

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 Jan 26, 1957, to Jan 28, 1957 and last saw her alive on Jan 28, 1957. Death occurred at 5:00 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE L. M. Stanfield M.D. (Degree or title) **22b. ADDRESS** Farmington Mo **22c. DATE SIGNED** 1/30/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE:** 1-30-57 **23c. NAME OF CEMETERY OR CREMATORY:** Wilson Cemetery **23d. LOCATION** (City, town, or county) (State): Madison County, Mo.

24. FUNERAL DIRECTOR Najim Funeral Home **ADDRESS** Fredericktown, Missouri **25. DATE RECD. BY LOCAL REG.** Jan. 30, 1957 **26. REGISTRAR'S SIGNATURE** Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, ~~[illegible]~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lawrence O. Gerh

Licensed Embalmer No. 497

P. O. Address Frederickt

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.