

STANDARD CERTIFICATE OF DEATH

11874

STATE FILE NUMBER

FILED MAR 19 1957

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Nevada</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Washington Township</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Neosho 0730</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp #3 16 yrs 8 m</u>			Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Route 5</u>	
3. NAME OF DECEASED (Type or print) <u>ELMER - LEO - THOMAS</u>			First <u>ELMER</u>	Middle <u>- LEO -</u>	Last <u>THOMAS</u>
4. DATE OF DEATH <u>March 5, 1957</u>	Month <u>March</u>	Day <u>5</u>	Year <u>1957</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 18, 1898</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>5</u> Days <u>17</u> Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and state or country) <u>Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>J. J. Thomas</u>			14. MOTHER'S MAIDEN NAME <u>Rosie Wells</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Records State Hosp Nevada</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Status Epilepticus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Epilepsy & Psychosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>none</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	3532				
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" 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 <u>hour</u> Month, Day, Year 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>June 12, 1940</u> to <u>March 5/57</u> and last saw her alive on <u>March 5, 1957</u> Death occurred at <u>12:45 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Paul L. Barone M.D.</u>			22b. ADDRESS <u>State Hosp #3 Nevada Mo</u>		22c. DATE SIGNED <u>Mar 5/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>March 7, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Gibson Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Neosho, Missouri</u>		
24. FUNERAL DIRECTOR <u>Ferry Funeral Home, Nevada, Missouri</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>3-15-1957</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

L. Ingles Ferry
Signed L. Ingles Ferry

Licensed Embalmer No. 4960

P. O. Address Nevada,

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.