.S. No. 300
EV. 10.48

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

FILED JUN 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16136

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 4034 Registrar's No. 68

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hume
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN: Hume
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): —

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3. NAME OF DECEASED (Type or Print)
a. (First): Joseph (Joe)
b. (Middle):
c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): May 19 1957

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: October 7 1889
9. AGE (In years last birthday): 67 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Vernon County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Dick Thomas
13b. MOTHER'S MAIDEN NAME: Ellen White
14. NAME OF HUSBAND OR WIFE: none

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: x Frank White — ADDRESS: Prescott Kansas

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Body destroyed by

DUE TO (c) by burns beyond recognition.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None 9160
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Hume (COUNTY): Bates (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 19 1957 1 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? House burned.

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____ and that death occurred at 1 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: Douglas C. Powell (Degree or title) MD Coroner
23b. ADDRESS: Butler, Mo
23c. DATE SIGNED: 5/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 21 1957
24c. NAME OF CEMETERY OR CREMATORY: Underwood
24d. LOCATION (City, town, or county) (State): Underwood Vernon Missouri

DATE REC'D BY LOCAL REG.: May 22-57
REGISTRAR'S SIGNATURE: Randell Kenny
25. FUNERAL DIRECTOR'S SIGNATURE: TORNEDEN FUNERAL HOME Earl A. Torneden — ADDRESS: PLEASANTON KANSAS

(Licensed Embalmer's Statement on Reverse Side)

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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 embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signature of Student Embalmer

Signed Earl A. Forneden

Licensed Embalmer No. 3587

P. O. Address Pleasanton Ka

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