

Health, Welfare and Public Service
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 diseases in Part I must be casually related. Coroners cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

239970

STATE FILE NUMBER

FILED JUL 19 1957

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 237

1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u> <input checked="" type="checkbox"/>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Jefferson City</u> ²⁶⁷⁵		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Mary's Hosp</u>			Length of stay in 1b <u>30 Days</u>		d. STREET ADDRESS (If outside, give location) <u>Central Hotel</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <u>Ernest Forrest Thomas</u> <i>First Middle Last</i>				4. DATE OF DEATH <u>7/12/1957</u> <i>Month Day Year</i>					
5. SEX <u>Male</u> ⁰	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>2/8/1882</u>		9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Revenue Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>State of Mo.</u>		11. BIRTHPLACE (City and state or country) <u>Boone County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>James A. Thomas</u>				14. MOTHER'S MAIDEN NAME <u>Ellen Burnett</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>490-71-715</u>		17. INFORMANT <u>Turner Rouse, Columbia, MO.</u> <i>Address</i>					
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>acute coronary thrombosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>		
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) <u>Cerebral arteriosclerosis</u> <u>4201</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		
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 _____ 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>July 1, '57</u> to <u>July 12 '57</u> and last saw <u>him</u> ^{non} alive on <u>July 12 '57</u> Death occurred at <u>2:55 AM</u> <u>AM</u> on the <u>date</u> stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Earl P. Lloyd, M.D.</u> (Deputy or title)				22b. ADDRESS <u>Jeff City Mo.</u>				22c. DATE SIGNED <u>7-15-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7/15/1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bonne Femme Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Columbia Boone, Mo.</u>				
24. FUNERAL DIRECTOR <u>Lyman Sprinkle, Columbia, Mo.</u> <i>ADDRESS</i>				25. DATE RECD. BY LOCAL REG. <u>12 July 1957</u>		26. REGISTRAR'S SIGNATURE <u>R.P. Norris M.D. MR</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 23 1957

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, ~~by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Lynman W. Sprinkle*

Licensed Embalmer No. *40*
P. O. Address *Columbus*

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.