

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29009

FILED AUG 26 1957

STATE FILE NUMBER

Registration District No. 278 Primary Registration District No. 5952 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Calhoun	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Buffalo		c. CITY OR TOWN Bellview	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway # 79		d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First JAMES Middle EUGENE Last THOMAS		4. DATE OF DEATH Month AUGUST Day 19, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 25, 1936
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY McDonald Air Craft	
11. BIRTHPLACE (City and state or country) Calhoun Co., Ill.		12. CITIZEN OF WHAT COUNTRY? U. S.	
13. FATHER'S NAME Clyde Thomas		14. MOTHER'S MAIDEN NAME Viola Fisher	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 352-30-2772	
17. INFORMANT Mr. Clyde Thomas, Bellview, Illinois		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) Head Injuries 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(n) 31			INTERVAL BETWEEN ONSET AND DEATH 8294
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			
20a. ACCIDENT <input checked="" 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.) auto accident, struck end of bridge	
20c. TIME OF INJURY 2 a.m. Aug 19-57			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Highway 79	
20f. CITY, TOWN, OR LOCATION Louisiana		COUNTY Pike STATE Mo.	
21. I attended the deceased from _____ to _____ and last saw him _____ on Aug 19 Death occurred at 2:00 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. O. Whitt (Dignity or title) Crowder 3		22b. ADDRESS Bowling Green Mo	
22c. DATE SIGNED Aug 19-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/20/57	
23c. NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery		23d. LOCATION (City, town, or county) (State) Pleasant Hill, Ill.	
24. FUNERAL DIRECTOR Sterne Funeral Home, Louisiana, Mo.		25. DATE RECD. BY LOCAL REG. Aug 19, 1957	
		26. REGISTRAR'S SIGNATURE Bernice Collier	

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.

AUG 28 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, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Virginia M. Stern

Licensed Embalmer No. 464

P. O. Address *Leominster*

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.