

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER
1700

FILED FEB 6 1958

Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 18

300
-57

| | | | | | | |
|---|---------------------------|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR JASPER TOWN WEBB CITY | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN WEBB CITY R.R.#1 0490 | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 15 S. WEBB INSTITUTION | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) 1 MI S. 1 MI E WEBB CITY | | | |
| 3. NAME OF DECEASED (Type or print) First Middle Last MILC THOMAS | | | 4. DATE OF DEATH Month Day Year JAN 26 1958 | | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH FEB. 4, 1887 | 9. AGE (In years last birthday) 70 | 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) RETIRED | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 11. BIRTHPLACE (City and state or country) CLAY COUNTY ARK. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME ALFRED THOMAS | | 13b. MOTHER'S MAIDEN NAME MARY RIDER | | 14. NAME OF HUSBAND OR WIFE NONE | | |
| 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. | 17. INFORMANT AZEL B THOMAS WEBB CITY, MO. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cardiac insufficiency | | | | | INTERVAL BETWEEN ONSET AND DEATH unknown | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease | | | | | | |
| DUE TO (c) 443X | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Has been under medical care found dead at the Co. Office in Webb City | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 form 38.) | | | | |
| 20c. TIME OF INJURY Hour 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 | | STATE |
| 21. I attended the deceased from death occurred at _____ and last saw her/him alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE W. Hedger Lewis | | | 22b. ADDRESS Pomeroy County, Webb City, Mo | | 22c. DATE SIGNED 1-28-58 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 23b. DATE 1/28/58 | 23c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY | | 23d. LOCATION (City, town, or county) (State) WEBB CITY, MO. | |
| 24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME | | | ADDRESS WEBB CITY, MO. | 25. DATE RECD. BY LOCAL REG. 1-28-58 | | 26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

RECEIVED - FEB 5 - 1958

Jasper County Health Office

County File Number 101

Date Filed FEB 5 - 1958

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 Richard H. Lewis

Licensed Embalmer No. 4405
P. O. Address W. H. C. M.

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.