

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014879

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 178 Primary Registration District No. 5660 Registrar's No. 30

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All 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

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE WISCONSIN b. COUNTY BROWN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN DICKERSON		c. CITY OR TOWN DE PERE	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2 Mi. East Lewistown, Mo.		d. STREET ADDRESS XXXXXXXXXXXXXXXX	
3. NAME OF DECEASED (Type or print) First MELBOURNE Middle HARRY Last THOMASMA			4. DATE OF DEATH Month Day Year APRIL 3, 1958
5. SEX MALE 0	6. COLOR OR RACE ; WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 11/28/99
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY XXXXXXXXXXXXX	11. BIRTHPLACE (City and state or country) MICHIGAN
13. FATHER'S NAME HARRY THOMASMA		14. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXXXXXXX	17. INFORMANT Address WILLIAM THOMASMA DE PERE, WIS.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullog failure due to. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Broken Neck DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH Instant
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. 2 miles East Lewistown -	
20c. TIME OF INJURY Hour 2:30 a. m. p. m. Month, Day, Year Apr - 3 - 58		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.) Hwy 6 - -		20f. CITY, TOWN, OR LOCATION COUNTY 056 STATE MO Lewistown, Lewis. Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at P.O.A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) John W Wills D.O. I		22b. ADDRESS Lewistown Mo	
22c. DATE SIGNED 14 Apr 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 4/5/58	23c. NAME OF CEMETERY OR CREMATORY GREENWOOD	23d. LOCATION (City, town, or county) (State) DE PERE, WISCONSIN
24. FUNERAL DIRECTOR Charles L. Arnold, Jr. ADDRESS Lewistown, Mo.		25. DATE RECD. BY LOCAL REG. 4-15-'58	26. REGISTRAR'S SIGNATURE P. W. Jennings, M.D. E-2.

MAY 2 1958
APR 22 1958

JUN 5 1961

MAY 8 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.....
Charles L. Arnold Sr.

Licensed Embalmer No...466

P. O. Address...LEWISTOWN

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