t. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025286
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 140 Primary Registration District No. 5549 Registrar's No. 60

1. PLACE OF DEATH
a. COUNTY Howard
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Fayette, Richmond Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) R. R. 2 Length of stay in 1b 5 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Howard
c. CITY OR TOWN Fayette 0 450 0 Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R.R. 2 Richmond Twp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First TOM Middle GEORGE Last THOMAS

4. DATE OF DEATH Month Day Year JULY 15, 1958

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH May 23, 1911
9. AGE (In years last birthday) 47 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) Farming
10b. KIND OF BUSINESS OR INDUSTRY Laborer
11. BIRTHPLACE (City and state or country) Forest City, Ark. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Thomas
13b. MOTHER'S MAIDEN NAME Suzie Brandenburg
14. NAME OF HUSBAND OR WIFE Grace Jane Voicey

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. 498-01-66
17. INFORMANT Mrs Tom G. Thomas Address Fayette, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Disease (occlusion) — INTERVAL BETWEEN ONSET AND DEATH Immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) ~~[illegible]~~ Polio. Paralysis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes 420.1
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 6 Yes 1

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 7-15-58, to 7-15-58 and last saw her/him ~~alive~~ died on 7-15-58
Death occurred at 5 am m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wa Bloom by S. Coroner
22b. ADDRESS Fayette Mo
22c. DATE SIGNED 7-31-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7/17/1958
23c. NAME OF CEMETERY OR CREMATORY Mt Gileat Cemetery
23d. LOCATION (City, town, or county) (State) Howard County, Missouri

24. FUNERAL DIRECTOR Ralph A. Carr ADDRESS Fayette, Mo.
25. DATE RECD. BY LOCAL REG. 7-31-58
26. REGISTRAR'S SIGNATURE Mary R. Shell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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

Student .....
Signature of Student Embalmer

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Lafayette 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.