. Health,
& Welfare
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 58-038291

FILED OCT 23 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9815

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis-Little Rock Hospital, Inc. — Length of stay in Hospital: 31 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Tennessee
b. COUNTY
c. CITY OR TOWN: Jackson — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 22 Laurel Lane — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Noah — Middle: Watson — Last: Thomas
4. DATE OF DEATH: Month: October — Day: 11 — Year: 1958
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: Feb. 19, 1905
9. AGE (In years at last birthday): 53 — 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): Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (City and state or country): Crocket County, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Thomas
13b. MOTHER'S MAIDEN NAME: Etha Edwards
14. NAME OF HUSBAND OR WIFE: Stella Thomas
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: 718-05-4858
17. INFORMANT: Mrs. Stella Thomas — Address: Jackson, Tenn.

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): Squamous cell Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 8 mo to 1 yr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Check with Generalized Metastasis
DUE TO (c): Lungs neck
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 1913
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
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 Sept 9/58, to Oct 11/58 and last saw him alive on Oct 10/58
Death occurred at Oct 11/58 5:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Edward J. Jordan MD (Degree or title)
22b. ADDRESS: Missouri Pacific Hosp
22c. DATE SIGNED: 11/Oct/58
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-11-58
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Jackson, Tennessee.
24. FUNERAL DIRECTOR — ADDRESS: George Smith Mortuary - Jackson, Tenn.
25. DATE RECD. BY LOCAL REG.: OCT 14 '58
26. REGISTRAR'S SIGNATURE: J. Earl Smith, M.D. M.D.B.

(Licensed Embalmer's Statement on Reverse Side)

OCT 23 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 John L Denne

Licensed Embalmer No. 4194

P. O. Address St. Louis

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.