

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-042937
STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 198

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Marshall 0912
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon hospital 1 1/2 days		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 867 So. Ellsworth
3. NAME OF DECEASED (Type or print) First Middle Last John Harold Thomas			4. DATE OF DEATH Month Day Year Dec. 6th 1958
5. SEX Male	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 Nov. 11th 1917
9. AGE (In years last birthday) 41		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) Heel trimmer,		10b. KIND OF BUSINESS OR INDUSTRY Shoe Factory	11. BIRTHPLACE (City and state or country) Saline County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Newton Thomas	
13b. MOTHER'S MAIDEN NAME Lillie Mae Dinges		14. NAME OF HUSBAND OR WIFE Opal Kearney Thomas	
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. 492-14-6433	
17. INFORMANT Mrs. Opal Thomas		Address Marshall, 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) Chronic Interstitial Nephritis			INTERVAL BETWEEN ONSET AND DEATH Don't know.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Myocarditis			Don't know.
DUE TO (c) _____			know.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4222			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 item 18.)	
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 COUNTY STATE
21. I attended the deceased from 11-21-58 to 12-5-58 and last saw him alive on 12-5-58 Death occurred at 4:35 am. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Waile N. Madison, M.D. (Degree or title)		22b. ADDRESS Marshall, Mo. 454 W. Marion,	22c. DATE SIGNED 12-6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-8-58	23c. NAME OF CEMETERY OR CREMATORY Hazel Grove Cemetery	23d. LOCATION (City, town, or county) (State) Saline County, Mo.
24. FUNERAL DIRECTOR Campbell-Lewis ADDRESS Marshall, Mo.		25. DATE RECD. BY LOCAL REG. 12-6-58	26. REGISTRAR'S SIGNATURE Cecil G. Reed

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

DEC 15 1958

MAY 22 1959

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 *RW Campbell Jr*

Licensed Embalmer No. *3469*

P. O. Address *Marshall*

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.