

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-0000908

STATE FILE NUMBER

FILED JAN 20 1959

Registration District No. 120

Primary Registration District No.

Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Geary</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Geary</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stonberry</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Stonberry</u> 0380
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Youth Stonberry (60415)</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>Youth Stonberry</u>
3. NAME OF DECEASED (Type or print) First <u>Mr. Leo</u> Middle <u>THOMAS</u> Last <u>THOMAS</u>		4. DATE OF DEATH Month <u>11</u> Day <u>12</u> Year <u>1959</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/27/1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farm etc</u>	9. AGE (In years last birthday) <u>78</u>
11. BIRTHPLACE (City and state or country) <u>Portsmouth, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Rex</u>	14. NAME OF HUSBAND OR WIFE <u>(single)</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>Mr Frank Thomas Stonberry Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arteriosclerotic heart disease</u> DUE TO (b) <u>unknown</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>none</u>			INTERVAL BETWEEN ONSET AND DEATH <u>years</u>
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 _____ a.m. _____ p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>1-18-53</u> to <u>1-4-59</u> and last saw him alive on <u>1959 Jan. 7.</u> Death occurred at <u>6:00 Am 1-11-59</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Clarence R. Carlen M.D.</u>		22b. ADDRESS <u>Stonberry, Mo.</u>	22c. DATE SIGNED <u>1-12-59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1/14/59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	23d. LOCATION (City, town, or county) (State) <u>Stonberry, Mo.</u>
24. FUNERAL DIRECTOR <u>Phillips Montway Stonberry Mo</u>		25. DATE RECD. BY LOCAL REG. <u>1-14-59</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. A. W. Bare</u>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Joby F. Phillips*
Licensed Embalmer No. *1898*
P. O. Address *Centerville*

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.