Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016877
STATE FILE NUMBER

FILED MAY 25 1959 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 537

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 3100 Burnside Ave. — Length of stay in 1b: 35 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 3020 St. Joseph Ave. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: WILLIAM Middle: MC KINLEY Last: THOMAS

4. DATE OF DEATH: Month: May Day: 18 Year: 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 25, 1897

9. AGE (In years last birthday): 62 — 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): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: State Hosp. No. 2

11. BIRTHPLACE (City and state or country): Andrew County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: Benjamin Franklin Thomas

13b. MOTHER'S MAIDEN NAME: Nettie Powell

14. NAME OF HUSBAND OR WIFE: Mrs. Lela Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #1

16. SOCIAL SECURITY NO.: 500-10-4373

17. INFORMANT: Mrs. Lela Thomas Address: 3020 St. Joseph Ave St. Joseph, Mo.

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) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Drowning — minutes
DUE TO (c) Caught in flash flood 9345
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 42

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☑ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Caught in flash flood

20c. TIME OF INJURY: Hour 10 30 a.m. p.m. Month, Day, Year: May 18-59

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.): City Street

20f. CITY, TOWN, OR LOCATION: St. Joseph **COUNTY**: Buchanan **STATE**: Mo

21. I attended the deceased from ____ and last saw him alive May 18-59
Death occurred at Approx. 10:30P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: S. E. Meluney MD (Degree or title) Buchanan Co Mo Coroner

22b. ADDRESS: Saint Joseph Mo 214 Kirkpatrick Bldg

22c. DATE SIGNED: May 19-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 5-21-59 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cemetery **23d. LOCATION** (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Stanley Funeral Home NHB **ADDRESS**: St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.: May 21, 1959

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Dr. S. E. Meluney

MAY 27 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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph, Mo.

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.