RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-024354

STATE FILE NUMBER

FILED VS JUL 29 1959

Registration District No. 44 Primary Registration District No. 4061 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Caldwell	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Caldwell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Braymer — Length of stay in 1b 50 years	c. CITY OR TOWN Braymer — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ARTHUR Middle Last THOMAS			4. DATE OF DEATH Month July Day 17, Year 1959		
5. SEX male	6. COLOR OR RACE white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 6/20/1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days / IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) blacksmith	10b. KIND OF BUSINESS OR INDUSTRY retired		11. BIRTHPLACE (City and state or country) Shelbina, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Stephen Thomas	13b. MOTHER'S MAIDEN NAME Harriet Hill		14. NAME OF HUSBAND OR WIFE Blanche Thomas		
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. none		17. INFORMANT Address Mrs. Blanche Thomas, Braymer, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebral Thrombosis	2 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cerebral arteriosclerosis	many years
DUE TO (c)	Generalized arteriosclerosis	many years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Pyelonephritis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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.) —

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 June 1947, to July 17, 1959 and last saw ~~her~~ him alive on July 10, 1959

Death occurred at 8:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. E. Goldberg M. D.	22b. ADDRESS Braymer, Mo.	22c. DATE SIGNED 7/20/59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial — 23b. DATE 7/20/1959	23c. NAME OF CEMETERY OR CREMATORY Evergreen cemetery	23d. LOCATION (City, town, or county) (State) Braymer, Mo.
24. FUNERAL DIRECTOR ADDRESS Michael Funeral Home, Braymer, Mo.	25. DATE RECD. BY LOCAL REG. 7-22-1959	26. REGISTRAR'S SIGNATURE Mrs Ruth Anne Zwiggart

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

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

~~or by~~ _____ ~~Student Embalmer No.~~ _____

~~working under my personal supervision.~~

~~Student~~ _____

Signature of Student Embalmer

Signed Lewis. Michael

Licensed Embalmer No. 4340

P. O. Address Braymer, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.