

pt. Health,
, & Welfare
S. Public
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
securing the medical certification in the specific manner required by 193.160, MO. S. 1947.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

FILED VS MAR 1 1960

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

-60-007745
STATE FILE NUMBER

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond Township</u>		c. CITY OR TOWN <u>Richmond 0891</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Hospital-1 hour</u>		d. STREET ADDRESS (If outside, give location) <u>148 Chestnut</u>	

3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Wilson</u> Last <u>Thomas, Jr.</u>	4. DATE OF DEATH Month <u>Feb.</u> Day <u>24</u> Year <u>1960</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>August 4, 1899</u>	9. AGE (In years last birthday) <u>60</u>	10. F UNDER 1 YEAR Months <u>6</u> Days <u>20</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Contractor</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Richmond, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>James Wilson Thomas, Sr.</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Grass</u>	14. NAME OF HUSBAND OR WIFE <u>Lillian Turner</u>
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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>487-01-5485</u>	17. INFORMANT <u>Mrs. Lillian Thomas, Richmond, Mo.</u>
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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>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>90 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	<u>4201</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)
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20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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 <u></u> STATE <u></u>
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21. I attended the deceased from <u>Dec. 1958</u> to <u>2-24-60</u> and last saw <u>her</u> alive on <u>2-24-60</u> Death occurred at <u>5:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>J. A. Crozier MD</u> (Degree or title)	22b. ADDRESS <u>Richmond, Missouri</u>	22c. DATE SIGNED <u>2/27/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2-27-1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Woodland Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
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24. FUNERAL DIRECTOR <u>Thomas J. Carter, Richmond, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-27-1960</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>
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APR 19 1961

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 *Thomas J. Carter*

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.