

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011655

STATE FILE NUMBER

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE MISSOURI b. COUNTY GREENE				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARIONVILLE		Length of stay in 1b 4 DAYS		c. CITY OR TOWN WILLARD		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 600 CENTRAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R. F. D. 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First JAMES Middle VIRGIL Last THOMAS				4. DATE OF DEATH Month APRIL Day 3 Year 1960				
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10 14 1881	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY RETIRED		11. BIRTHPLACE (City and state or country) GREENE CO. MO.		12. CITIZEN OF WHAT COUNTRY U. S. A.		
13a. FATHER'S NAME J. M. THOMAS			13b. MOTHER'S MAIDEN NAME MARTHA WILSON		14. NAME OF HUSBAND OR WIFE VIRGIE THOMAS (deceased)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE			16. SOCIAL SECURITY NO. 495-40-6640	17. INFORMANT ARLIN THOMAS		Address SPRINGFIELD 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) Toxemia, inanition and cachexia								
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Gastric lymphosarcoma (surgical diagnosis 6-18-59)						
DUE TO (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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 _____ a.m. _____ p.m. _____	Month, Day, Year							
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 November 6, 1955 to April 3, 1960 and last saw ^{xx} him alive on March 30, 1960 Death occurred at 8:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) James F. Matz, D.O.				22b. ADDRESS Ash Grove, Missouri			22c. DATE SIGNED 4-4-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE APR. 5 1960	23c. NAME OF CEMETERY OR CREMATORY ASH GROVE CEMETERY		23d. LOCATION (City, town, or county) (State) ASH GROVE MO.				
24. FUNERAL DIRECTOR Ed Birch		ADDRESS ASH GROVE MO.		25. DATE RECD. BY LOCAL REG. 4-6-1960	26. REGISTRAR'S SIGNATURE Ora Me Matt			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 15 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 _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Watt

Licensed Embalmer No. 465
P. O. Address Asht Grove

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