URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 9 1960

-60-017999

STATE FILE NUMBER

Registration District No. 324 Primary Registration District No. 6083 Registrar's No. 90

NDED

1. PLACE OF DEATH a. COUNTY: Saline

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Saline

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nelson — Length of stay in 1b: 50 years

c. CITY OR TOWN: Nelson — Inside Limits: Yes XX No ☐

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): street of Nelson — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): ****** — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First JAMES Middle WESIEY Last THOMAS

4. DATE OF DEATH: Month April 30, Day 1960 Year

5. SEX: Male

6. COLOR OR RACE: White

7. Married XX Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/12/88

9. AGE (last birthday): 71

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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Section Hand Railroad

11. BIRTHPLACE (City and state or country): Marshall, Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: John W. Thomas

13b. MOTHER'S MAIDEN NAME: Harriett L. King

14. NAME OF HUSBAND OR WIFE: Margaret L. Morris

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.: 500-10-7316

17. INFORMANT: Mrs. Margaret L. Thomas, Address: Nelson, Mo.

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Insp.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b):

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. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

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 XX NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street of Nelson

20f. CITY, TOWN, OR LOCATION: Nelson — COUNTY: Saline — STATE: Mo

21. I attended the deceased from Made investigation 4-30-60 and last saw her/him alive on

Death occurred at 3:30 pm 4-30-60 m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. A. Lawless M.D., Coroner Saline Co

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/3/60

23c. NAME OF CEMETERY OR CREMATORY: Nelson Cemetery

23d. LOCATION (City, town, or county) (State): Nelson, Missouri

24. FUNERAL DIRECTOR: Duane Ewing — ADDRESS: Sedalia, Mo.

25. DATE RECD. BY LOCAL REG.: 5-2-60

26. REGISTRAR'S SIGNATURE: Cecil G. Read

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JUN 9 1960

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 _____

Licensed Embalmer No. 384

P. O. Address Sedalia Mo

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