

FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE  
 DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-018248

FILED 15 MAY 9 1960

STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 127

UNRECORDED

1. PLACE OF DEATH a. COUNTY <b>AUDRAIN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>AUDRAIN</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>MEXICO</b>		Length of stay in 1b <b>1 DAY</b>		c. CITY OR TOWN <b>LADDONIA</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>AUDRAIN, HOSPITAL</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4MI. S.W. OF LADDONIA, MO.</b>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN CLEMUEL THOMAS</b>				4. DATE OF DEATH Month Day Year <b>5 15 1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIAGE STATUS Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>10-24-1880</b>	9. AGE (last birthday) <b>70</b>	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) <b>FARMING</b>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>LADDONIA, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>JAMES THOMAS</b>			13b. MOTHER'S MAIDEN NAME <b>HOLLIS</b>		14. NAME OF HUSBAND OR WIFE <b>MRS ANNA THOMAS</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT Address <b>MRS ANNA THOMAS LADDONIA, MO.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cardiac decompensation</b>							INTERVAL BETWEEN ONSET AND DEATH <b>3 year</b>
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. <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 <b>12-13-54</b> to <b>5-15-60</b> and last saw <sup>her</sup> him alive on <b>5-11-60</b> Death occurred at <b>10:41 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>C. Garcia MD</b>				22b. ADDRESS <b>Amfio H.</b>		22c. DATE SIGNED <b>5-17-60</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>5-17-1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>ST. BRENDON</b>		23d. LOCATION (City, town, or county) <b>MEXICO, MO.</b>			(State)
24. FUNERAL DIRECTOR <b>WILKEY &amp; BIENHOFF LADDONIA, MO.</b>			25. DATE RECD. BY LOCAL REG. <b>May 17-1960</b>		26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Clyde C. Wilkey

Licensed Embalmer No. 5820

P. O. Address Perry Mo

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