

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-030364

FILED VS SEP 6 1960 382

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 4228 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glasgow</u>		c. CITY OR TOWN <u>Glasgow</u>	
Length of stay in 1b <u>8 mo.</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>117 Third St.</u>		d. STREET ADDRESS (If outside, give location) <u>117 Third St.</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>EARL</u> Middle <u>HENRY</u> Last <u>THOMAS</u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>21</u> Year <u>1960</u>		
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>Jan. 29 1892</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. Farming</u>		11. BIRTHPLACE (City and state of country) <u>Howard Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Griff Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Sally Tuggle</u>		13c. NAME OF HUSBAND OF WIFE <u>Ethel Hoffa Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, print (unknown) If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-72-3420</u>		17. INFORMANT <u>Mrs. Carl Thomas</u>	
				Address <u>Glasgow Mo.</u>	

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 <u>12h.</u>
IMMEDIATE CAUSE (a) <u>myocardial infarction</u>			
DUE TO (b) <u>Arterio-sclerotic heart disease</u>			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Chlamydia pneumoniae to a certain extent</u>			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 checked="" 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 Jan 1960 to 8-21-60 and last saw him alive on 8-13-60
Death occurred at 10:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. W. Gardner</u>	(Degree or title)	22b. ADDRESS <u>Glasgow Mo.</u>	22c. DATE SIGNED <u>8-31-60</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug 23, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill</u>	23d. LOCATION (City, town, or county) (State) <u>Lubon Mo.</u>
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24. FUNERAL DIRECTOR <u>Friemuth Funeral Service</u>	ADDRESS <u>Glasgow Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>9-6-60</u>	26. REGISTRAR'S SIGNATURE <u>Harold W. ...</u>
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BY AFFIDAVIT OF DOCUMENT MEDICAL CERTIFICATION

MS SEP 2 - 1969

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 *E. J. Strimwith*

Licensed Embalmer No. 397

P. O. Address Glasgow

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