SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER -61-022231

AMENDED

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 116

FILED JUN 26 1961

1. PLACE OF DEATH
a. COUNTY Randolph
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly — Length of stay in 1b: 1 dy
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Monroe
c. CITY OR TOWN Madison — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) W. Cooper — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First RUSSELL Middle Allen Last THOMAS
"INFANT" ~~None~~

4. DATE OF DEATH Month June Day 11, Year 1961

5. SEX Male
6. COLOR OR RACE White
7. Married [ ] Never Married [X] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH 6-11-61
9. AGE (last birthday) —
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HR: Hours — Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Moberly, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Larry Eugene Thomas
13b. MOTHER'S MAIDEN NAME Karolyn Kay Riley
14. NAME OF HUSBAND OR WIFE ----------

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. None
17. INFORMANT Larry E. Thomas Address Madison, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Micro cephalic and Meningocele
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) incompatible to life
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 6/11/61, to 6/11/61 and last saw him alive on 6/11/61
Death occurred at 10:45 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Robert H Yimm MD. (Degree or title)
22b. ADDRESS Woodland Hosp. Moberly Mo
22c. DATE SIGNED 6-12-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 6-12-61
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cem.
23d. LOCATION (City, town, or county) Madison (State) Mo.

24. FUNERAL DIRECTOR Thompson-Mackler Madison, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. 6-12-61
26. REGISTRAR'S SIGNATURE Paul W. Powe

(Licensed Embalmer's Statement on Reverse Side)

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
3	Russell Allen Thomas	Infant Thomas	6/30/61

BY AFFIDAVIT OF Fun. Dir. DOCUMENT

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 Joseph R. MacKle

Licensed Embalmer No. 4571

P. O. Address Madison,

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.