

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-007477

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 1 1963

District No. 175

Primary Registration District No. 3036

Registrar's No. 153

VS 300
Rev. 4/59

0551
30551

3
4 0
5 1
6
7 0
8 0
9 4200
10
11
121-0
131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) Aurora		Length of stay in 1b 6 months	c. CITY OR TOWN Aurora
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Com. Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 305 Oak
3. NAME OF DECEASED (Type or print) First George Middle Albert Last Thomas		4. DATE OF DEATH Month February Day 20 , Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/21/1887
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 76
13a. FATHER'S NAME Nathan J. Thomas		13b. MOTHER'S MAIDEN NAME Alice Lamar	12. CITIZEN OF WHAT COUNTRY USA
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 494-18-5229	14. NAME OF HUSBAND OR WIFE Lydia Glenn Thomas
17. INFORMANT Mrs. G. A. Thomas, 305 Oak, Aurora, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage - Rupture - Rt. lateral. Start of dig.			INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) A.S.H.O. DUE TO (c)			Years
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 checked="" 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 s.m. p.m.	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 Aurora, Mo.
21. I attended the deceased from Feb - 17 - 1963 and last saw him alive on Feb - 20 - 1963		Death occurred at 9:30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A. P. Coyle M.D.		22b. ADDRESS Lawrence, Mo.	22c. DATE SIGNED 2/21/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 23, 1963	23c. NAME OF CEMETERY OR CREMATORY Leann Cemetery	23d. LOCATION (City, town, or county) (State) Barry County, Missouri
24. FUNERAL DIRECTOR Marsh Funeral Home, Inc., Aurora, Mo.		25. DATE RECD. BY LOCAL REG. 2/26/63	26. REGISTRAR'S SIGNATURE Deane Langley

MAR 1 1963

APR 15 1964

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 EVERETT CRAWFORD, Jr. Student Embalmer No. 675

working under my personal supervision.

Student Everett Crawford, Jr.
Signature of Student Embalmer

Signed Gordon Bennett

Licensed Embalmer No. 1213

P. O. Address Monett Mo

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.