

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33809**

Tifflamy
FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 5336 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Hawell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Goldsberry</u>	c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY OR TOWN <u>Birch Tree</u>	d. Is Residence within limits of "a city or incorporated town?" Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location). HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Rural Route # 2 1010</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eli</u> b. (Middle) <u>Jackson</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28 - 1956</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11 - 1875</u>	9. AGE (In years last birthday) <u>81</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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>William Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Jillie Weaver</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Thomas</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Thomas</u> ADDRESS <u>Rt 2 Birch Tree, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Possible R. I. malignancy</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4200H</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 10-4, 1956, to 10-28, 1956, that I last saw the deceased alive on 10-27, 1956, and that death occurred at 3:50 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Tifflamy</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Mtn. View, Mo.</u>	23c. DATE SIGNED <u>11-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-30-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montier</u>
24d. LOCATION (City, town, or county) (State) <u>Montier, Missouri</u>		

DATE REC'D BY LOCAL REG. <u>11-3-56</u>	REGISTRAR'S SIGNATURE <u>Laura Mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home</u> ADDRESS <u>Mtn. View, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

126

2110 8000000

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 *Joe P. Duncan*
Licensed Embalmer No. *4329*
P. O. Address *Mt. Airy, N.C.*

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.