

STATE
(FILE NO.)

53-109641

CERTIFICATE OF DEATH

REGISTRATION DISTRICT NO. 5090 REGISTRAR'S NUMBER 789

PERSONAL DATA

AGE OF DECEASED AT TIME OF DEATH

RECORDING INFORMATION

CORONER'S NOTIFICATION

FURNERAL DIRECTOR

CAUSE OF DEATH

OTHER SIGNIFICANT CONDITIONS

OPERATIONS

FURNERAL DIRECTOR

FURNERAL DIRECTOR

1. NAME OF DECEASED CUSTER		2. FIRST NAME IN WHOLE NAME D.		3. LAST NAME THOMAS		4. DATE OF DEATH Dec. 24, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIAGE STATUS divorced	8. DATE OF BIRTH Jan. 27, 1906	9. AGE 46	10. YEAR 1953	11. MONTH 12	12. DAY 24
13. USUAL OCCUPATION baseball player		14. KIND OF BUSINESS OR INDUSTRY Boston Red Sox		15. BIRTHPLACE Illinois		16. COUNTRY OF BIRTH U.S.A.	
17. NAME AND BIRTHPLACE OF FATHER Lafayette Thomas, Illinois		18. MOTHER'S NAME AND BIRTHPLACE Ema Seals, Illinois		19. NAME OF PRESENT SPOUSE unknown			
20. WAS DECEASED EVER IN U.S. ARMED FORCES? no		21. SOCIAL SECURITY NUMBER none		22. INCURMENT records, Modesto state central			
23. COUNTY Manistauis		24. CITY OR TOWN Modesto		25. LENGTH OF STAY IN THIS CITY OR TOWN 1 yr., 8 mos., 1 day			
26. FULL NAME OF HOSPITAL OR INSTITUTION Modesto State Hospital							
27. ADDRESS Modesto, California		28. STREET OR RURAL ADDRESS 4700 Hoover St.					
29. STATE California		30. COUNTY Los Angeles		31. CITY OR TOWN Los Angeles		32. STREET OR RURAL ADDRESS 4700 Hoover St.	
33. CORONER I hereby certify that he was recorded at the hour stated below and that he has held stated above from the causes stated below and that he has held				34. PHYSICIAN I hereby certify that death occurred at the hour, date and place stated above from the causes stated above and that I attended the dec. abso from 4/23/52 and that I last saw the deceased alive on 12/24/53			
35. SIGNATURE Morris E. Kaufman, M.D.				36. ADDRESS Modesto, California		37. DATE SIGNED 12/28/53	
38. SPECIFY BURIAL METHOD OR REMOVAL Cremation		39. DATE 1/4/54		40. CEMETERY OR CREMATORY Cherokee Memorial Park		41. SIGNATURE OF EMBALMER not embalmed	
42. FUNERAL DIRECTOR Salas Bros., Modesto				43. DATE RECEIVED BY LOCAL REGISTRAR 12/24/53			
44. THIS DOES NOT MEAN THE MODE OR DISEASE SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY OR COMPLICATION WHICH CAUSED DEATH.		45. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Antecedent Causes IMMEDIATE CONDITIONS IF ANY GIVING RISE TO THE ABOVE DISEASE IF STATING THE UNDERLYING CAUSE LAST		46. DUE TO Surgical amputation of left leg above knee		47. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days years	
48. DUE TO Peripheral Vascular Disease		49. DUE TO Psychosis		50. DUE TO Advanced arteriosclerosis of left leg with recurrent infection and incipient gangrens		51. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 19 yrs.	
52. DATE OF OPERATION Dec. 22, 1953		53. MAJOR FINDINGS OF OPERATION Advanced arteriosclerosis of left leg with recurrent infection and incipient gangrens				54. AUTOPSY yes	
55. PLACE OF ACCIDENT OR HOMICIDE		56. PLACE OF INJURY		57. LOCATION CITY OR TOWN COUNTY STATE		58. STATE	
59. TIME OF INJURY		60. INJURY OCCURRED WHILE AT WORK		61. HOW DID INJURY OCCUR?			