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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 3 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u> / <u>1</u> township) c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u> / <u>1st</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST SEVENTH ST</u>		d. STREET ADDRESS (If rural, give location) <u>EAST FIFTH ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) WOODSON c. (Last) THOMAS 4. DATE OF DEATH (Month) (Day) (Year) JAN 22 1949

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, -WIDOWED, DIVORCED (Specify) NEVER MARRIED 8. DATE OF BIRTH APR 4 1865 9. AGE (in years last birthday) 83 9 Months 18 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Radiol. Hat Store 11. BIRTHPLACE (State or foreign country) CALLAWAY COUNTY, MO. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WARREN THOMAS 13b. MOTHER'S MAIDEN NAME NANNIE YATES 14. NAME OF HUSBAND OR WIFE NOT MARRIED

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. UNKNOWN 17. INFORMANT'S SIGNATURE OR NAME LELAND BREID ADDRESS FULTON, MO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis

ANTECEDENT CAUSES DUE TO (b) Chronic Myocarditis

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION 4221 20. AUTOPSY? (Yes) (No) NO

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) (Min) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from For several years., 1949, that I last saw the deceased alive on Jan. 22, 1949, and that death occurred at 5:00 P.M. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R.N. Crews, M.D. 23b. ADDRESS Fulton, Missouri 23c. DATE SIGNED Jan. 24-49

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JAN 24 1949 24c. NAME OF CEMETERY OR CREMATORY HILL CREST. 24d. LOCATION (City, town, or county) (State) FULTON MO

DATE REC'D BY LOCAL REG. Jan 24-1949 REGISTRAR'S SIGNATURE Joan Moravukhoff 25. FUNERAL DIRECTOR'S SIGNATURE Glen Y. Morgan ADDRESS 712 Court, Fulton, Mo.

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

RECEIVED
District Health Officer No. 9;
District File Number
Date Filed FEB 1 1949

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.

Signed.....
Student Embalmer

Signed Walter J. Haines, Jr.

Licensed Embalmer No. 4557

P. O. Address Fulton, 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 this body is not embalmed, fact should be so stated above.