

FILED APR 12 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9467

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 3052		Registrar's No. 118	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Pettis		b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		a. STATE Missouri		b. COUNTY Pettis	
c. LENGTH OF STAY (In this place)		d. FULL NAME OF HOSPITAL OR INSTITUTION 1011 West 7th		c. CITY (If outside corporate limits, write RURAL and give township) Beaman - Rural - Bowling Green		d. STREET ADDRESS (If rural, give location) Rural - Bowling Green	
3. NAME OF DECEASED (Type or Print)		a. (First) ROSE		b. (Middle) WALLACE		c. (Last) THOMSON	
4. DATE OF DEATH		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 11, 1873		9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Blackburn, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME John R. Wallace		13b. MOTHER'S MAIDEN NAME Cassandra Bohannon		14. NAME OF HUSBAND OR WIFE E. R. Thomson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. E.R. Thomson, Beaman, Mo		ADDRESS	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Myocarditis Chronic			
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Acute Nephritis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Asthma				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ 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)		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 Dec 30, 1873, to April 7, 1949, that I last saw the deceased alive on April 7, 1949, and that death occurred at 7:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE W. O. Beckert				23b. ADDRESS Sedalia Mo		23c. DATE SIGNED 4/8/49	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE April 9, 1949		24c. NAME OF CEMETERY OR CREMATORY Smithton		24d. LOCATION (City, town, or county) (State) Smithton, Missouri	
DATE REC'D BY LOCAL REG. 4-9-49		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. Beckert, Sedalia, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number

Date Filed

4-11-49

Dist. Ct. Clerk

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

Student Embalmer

Signed

Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.