

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14690

BIRTH NO. _____		REG. DIST. NO. <u>374</u>		PRIMARY REG. DIST. NO. <u>6294</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Worth</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Greene Township</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Greene Township</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>Grant City, Missouri</u>					
3. NAME OF DECEASED (Type or Print) <u>Winnie Bell Thomas</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4-15-1949</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-27-1878</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Worth County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Joseph Fugh</u>				13b. MOTHER'S MAIDEN NAME <u>Angeline Holenahlin</u>		14. NAME OF HUSBAND OR WIFE <u>Add 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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J.A. Thomas, Grant City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion - Coronary</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>r</u> DUE TO (c) <u>r</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
19a. DATE OF OPERATION <u>✓</u>				19b. MAJOR FINDINGS OF OPERATION <u>✓</u>		20. AUTOPSY? <u>NO</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>				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 <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 <u>4-14-1949</u> , to <u>4-15-1949</u> , that I last saw the deceased alive on <u>4-14-1949</u> , and that death occurred at <u>12:15 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. A. Thomas</u> (Degree or title) _____				23b. ADDRESS <u>Grant City, Mo.</u>		23c. DATE SIGNED <u>4-16-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-17-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fletcher Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>April 21-1949</u>		REGISTRAR'S SIGNATURE <u>Reta E. Dawson</u> 345		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Duffee</u>		ADDRESS <u>Grant City</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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. 3252

working under my personal supervision.

Student
Student Embalmer

Signed

Arch C. Dingle

Licensed Embalmer No. 3252

P. O. Address Grant City, 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.