

FILED MAY 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16829**

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 4405 Registrar's No. 153

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Pettis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Green Ridge</u>		c. LENGTH OF STAY (in this place) <u>168 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>City Green Ridge</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lizzie Rose</u> b. (Middle) <u>Thone</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>May 3rd '49</u>		
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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>Sept 30 1871</u>	9. AGE (In years) (Month) (Day) (If under 1 year, last birthday) <u>77</u> <u>5</u> <u>30</u>	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>England</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Gyston</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Gyston</u>	14. NAME OF HUSBAND OR WIFE <u>Wm Thone</u>		
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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 ADDRESS <u>Edna Mackey Green Ridge</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute intestinal obstruction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Not known - too weak for operation</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic myocarditis, asthma</u>			INTERVAL BETWEEN ONSET AND DEATH <u>11 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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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)		
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from Apr 22, 1949; to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 2:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. A. Hite M.D.</u>		23b. ADDRESS <u>Green Ridge MO</u>		23c. DATE SIGNED <u>Apr 4 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>May 5 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Green Ridge MO</u>		
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DATE REC'D BY LOCAL REG. <u>5/5 49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. L. Kamin</u>	ADDRESS <u>Green Ridge MO</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

800

MAY 1 6 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-19-49

MAY 21 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.

Student _____
Student Embalmer

Signed L. L. Rans

Licensed Embalmer No. 1881

P. O. Address Green Ridge

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.