

No. 300
10-48

FILED JUL 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23970

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 53

| | | | | | |
|--|-------------------------------|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>LAFAYETTE</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFAYETTE</u> | | |
| b. CITY OR TOWN <u>LEXINGTON</u> | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN <u>LEXINGTON</u> | | <u>54</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RURAL</u> | | | d. STREET ADDRESS (If rural, give location) <u>RURAL</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>HELENA</u> b. (Middle) <u>THOMAN</u> c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6/26/1949</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>3/21/1886</u> | 9. AGE (in years) (Months) (Days) (Hours) (Min.) <u>63/3/5</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, MO</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | | 13a. FATHER'S NAME <u>FELIX THOMAN</u> | | |
| 13b. MOTHER'S MAIDEN NAME <u>AUGUSTA MEYER</u> | | | 14. NAME OF HUSBAND OR WIFE <u>X</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>~</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ed. THOMAN LEX, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of breast</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 <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>Feb 17, 1949</u> to <u>June 26, 1949</u> , that I last saw the deceased alive on <u>June 26, 1949</u> , and that death occurred at <u>7 P.m.</u> from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Edw. W. Wardman</u> | | | 23b. ADDRESS <u>Lexington, Mo</u> | | 23c. DATE SIGNED <u>6/27/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>6/28/1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u> | | 24d. LOCATION (City, town, or county) (State) <u>LEXINGTON, MO</u> |
| DATE RECD BY LOCAL REG. <u>July 18/49</u> | | REGISTRAR'S SIGNATURE <u>156</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FOREST J. TEMPEL LEX, MO</u> | |

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 23

District Health Officer No. 8

District File Number

Date Filed 7-23-49

20 only

NS. NS. JUN 2 1959

SEP 10 1958

SEP 25 1958

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

[Handwritten Signature]

Licensed Embalmer No.

2983

P. O. Address

[Handwritten Address]

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.