

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8027

220

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Christian County Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Her Residence		d. STREET ADDRESS (If rural, give location) Ozark Mo.	
3. NAME OF DECEASED a. (First) Nancy (Type or Print)		b. (Middle) Emaline Thomas	
c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1950	
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 25 1864
9. AGE (In years last birthday) 85 yr		IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper		10b. KIND OF BUSINESS OR INDUSTRY Home Keeper	
11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Buford Sison		13b. MOTHER'S MAIDEN NAME Cynthia Dodd	
14. NAME OF HUSBAND OR WIFE B. Thomas Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO.	
17. INFORMANT'S SIGNATURE OR NAME Ralph Thomas		ADDRESS Ozark Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) viral pneumonia DUE TO (c) Influenza II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 wk 180 X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? - YES <input type="checkbox"/> NO <input 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) m.		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 Feb 17, 1950, to Feb 19, 1950, that I last saw the deceased alive on Feb 19, 1950, and that death occurred at 4:30 P.M. from the causes and on the date stated above.			
23a. SIGNATURE R. O. Farthing M.D.		23b. ADDRESS Ozark Mo	
23c. DATE SIGNED Feb 25 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb 22-50	
24c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery		24d. LOCATION (City, town, or county) (State) City of Ozark Mo	
DATE RECD BY LOCAL REG. Feb 18 1950		REGISTRAR'S SIGNATURE L. L. Leonard 57	
25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin		ADDRESS Ozark Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 23 1950

District Health Office No. 5,

District File Number 350-357

Date Filed 3-23-50

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.