

FILED OCT 25 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 32842

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 3761 Registrar's No. _____

0140

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

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>New Bloomfield</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New Bloomfield 0140</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) <u>Brunilda</u> b. (Middle) <u>Rosina</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 18, 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>Jan 23 - 1878</u>
9. AGE (In years last birthday) <u>72</u> Months <u>8</u> Days <u>26</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk in store</u>		11. BIRTHPLACE (State or foreign country) <u>St. Claire Co. Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>J. Leo Hauser</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Otter</u>	
14. NAME OF HUSBAND OR WIFE <u>Faye E. Thomas</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Herbert H. Thomas</u>		ADDRESS <u>N B 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>July 5 - 50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Liver</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		156A	
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 <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>Oct 1</u> , 19 <u>50</u> , to <u>Oct 18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Oct 17</u> , 19 <u>50</u> , and that death occurred at <u>2:15 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. M. Kuse</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>New Bloomfield Mo.</u>	
23c. DATE SIGNED <u>Oct 18 - 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 19 - 50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi North New Bloomfield Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Oct 18 - 50</u>		REGISTRAR'S SIGNATURE <u>Edna Claypool</u> 39	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Herbert H. Thomas</u>		ADDRESS <u>New Bloomfield</u>	

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 24 1950
RECEIVED

OCT 27 1950

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 _____

LeRoy Clayton

Licensed Embalmer No. 4412

P. O. Address _____

New Bloomfield

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.