

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33321

BIRTH NO. _____		REG. DIST. NO. <u>136</u>		PRIMARY REG. DIST. NO. <u>5499</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay					
b. CITY (If outside corporate limits, write RURAL and give town or township) Hatfield		c. LENGTH OF STAY (If in this place) 4 months		c. CITY (If outside corporate limits, write RURAL and give township) North Kansas City, Mo.		0241			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 1					
3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Allene c. (Last) Thomas			4. DATE OF DEATH (Month) (Day) (Year) 10 12 1950						
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6-24 1907			
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR Months 3		IF UNDER 1 HRS. Hours 18 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY housekeeper			11. BIRTHPLACE (State or foreign country) Kearney, Clay County, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Joseph R. Walker		13b. MOTHER'S MAIDEN NAME Nellie Stafford		14. NAME OF HUSBAND OR WIFE Fred M. Thomas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Fred M. Thomas			ADDRESS Hatfield, 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) <u>Rheumatic Heart Disease</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.						INTERVAL BETWEEN ONSET AND DEATH 30 years 4:16X	
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) (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 <u>May</u> , 19 <u>50</u> , to <u>10-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10-12</u> , 19 <u>50</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Frank B. Mattoon M.D.</u>				23b. ADDRESS <u>Grant City, Mo.</u>				23c. DATE SIGNED <u>10/13/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10 16 1950		24c. NAME OF CEMETERY OR CREMATORY Kearney Cemetery		24d. LOCATION (City, town, or county) (State) Kearney, Missouri			
DATE REC'D BY LOCAL REG. Oct 16-1950		REGISTRAR'S SIGNATURE <u>Chas. A. Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arch C. Surfer</u>		ADDRESS Grant City, Missouri			

(Licensed Embalmer's Statement on Reverse Side)

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

5410



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..... *Arch C. Duffell*

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.