

FILED FEB 9 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 913

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 1408

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN TRENTON 0402.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2605 Lulu Street		d. STREET ADDRESS (If rural, give location) 2605 Lulu Street	

3. NAME OF DECEASED (Type or Print)	a. (First) ANNIE	b. (Middle) LEE	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) Jan 27, 1951
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5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 1, 1861	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 1	IF UNDER 12 HRS. Days 26
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Mercer County, Missouri	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME William Fitzpatrick	13b. MOTHER'S MAIDEN NAME Martha	14. NAME OF HUSBAND OR WIFE Perry B. Thomas
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Lola D. Keith Trenton, Missouri	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
	ANTECEDENT CAUSES Morbidity 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.		4222	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 *Jan 10th, 1950*, *Jan 27th, 1951*, that I last saw the deceased alive on *Jan 26th, 1951* and that death occurred at \_\_\_\_\_ m. from the causes and on the date stated above.

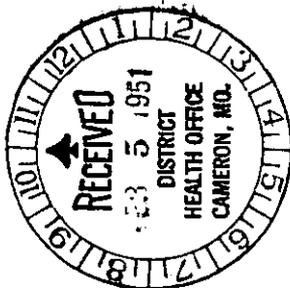
23a. SIGNATURE <i>Lena J. Deane</i>	(Degree or title) 0	23b. ADDRESS <i>Trenton Mo</i>	23c. DATE SIGNED <i>Jan 27th 1951</i>
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24a. BURIAL CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/30/51	24c. NAME OF CEMETERY OR CREMATORY Old Fellows	24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Mo.
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DATE REC'D BY LOCAL REG. 1/30/51	REGISTRAR'S SIGNATURE <i>Lena J. Deane</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Charles D. Sipeen</i>	ADDRESS Trenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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



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.....

*Charles J. Lipeon*

Signed.....

Student Embalmer

Licensed Embalmer No. 3109

P. O. Address Trenton, Missouri

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.