

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5466

State File No.

5720

BIRTH NO. 9859-51 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI.</u> b. COUNTY <u>NEW MADRID.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LILLHOURN.</u>		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>LILLHOURN 1770</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BRENDA</u> b. (Middle) <u>JOICE</u> c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March-3-1957</u>	
5. SEX <u>3</u> <u>FEMALE</u>	6. COLOR OR RACE <u>COLORED.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>FEB-19-1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>14</u> IF UNDER 12 HRS. Days <u>14</u> IF UNDER 12 MIN. Min.
11. BIRTHPLACE (State or foreign country) <u>LILLHOURN, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>ANDREW THOMAS</u>		13b. MOTHER'S MAIDEN NAME <u>LORINE BROWN.</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>NO.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMON THOMAS, LILLHOURN, MO.</u> ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>NO. Medical attendance.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cause of death</u> DUE TO (c) <u>Unknown.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>7955</u>	
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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>W. S. Hedgwith</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>New Madrid, Mo</u>	
23c. DATE SIGNED <u>3/3/57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	
24b. DATE <u>3/3/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood Sandhill</u>	
24d. LOCATION (City, town, or county) (State) <u>New Madrid, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederick</u> ADDRESS	
DATE REC'D BY LOCAL REG. <u>3-7-51</u>		REGISTRAR'S SIGNATURE <u>H. L. Bonder Deputy</u>	

RECEIVED

MAR 9 1951

DISTRICT HEALTH OFFICE No. 6

No.

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.

Not Embalmed

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.

P. O. 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.