

S. No. 300  
V. 10.48

FILED MAY 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15363

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 79

1. PLACE OF DEATH  
 a. COUNTY Vernon  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada  
 c. LENGTH OF STAY (In this place) 4 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION #322 North Cedar St. Sunderworth Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Bates  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler 0071  
 d. STREET ADDRESS (If rural, give location) E. Dakota

3. NAME OF DECEASED (Type or Print)  
 a. (First) Sabina b. (Middle) — c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year)  
4-23-1951

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH 1-9-1863

9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Mts.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
Home

11. BIRTHPLACE (State or foreign country)  
Indiana

12. CITIZEN OF WHAT COUNTRY?  
U.S.A.

13a. FATHER'S NAME  
Shook

13b. MOTHER'S MAIDEN NAME  
Unknown

14. NAME OF HUSBAND OR WIFE  
Boyd 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.  
Unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Ralph Thomas Butler, Missouri

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) myocarditis  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) senility  
 DUE TO (c) Cataral blindness  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
4 yrs  
5 yrs

19a. DATE OF OPERATION  
✓

19b. MAJOR FINDINGS OF OPERATION  
✓

20. AUTOPSY?  
 YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)  
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Butler

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  
Butler Bates Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  
Nov 1, 1949

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?  
4222

22. I hereby certify that I attended the deceased from Nov 1, 1949 to Apr 10, 1951, that I last saw the deceased alive on Apr 10, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
J. S. Newlon M.D.

23b. ADDRESS  
Nevada, Mo

23c. DATE SIGNED  
4/23-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

24b. DATE  
4-26-1951

24c. NAME OF CEMETERY OR CREMATORY  
Oakhill Cemetery

24d. LOCATION (City, town, or county) (State)  
Butler, Missouri

DATE REC'D BY LOCAL REG.  
4-25-1951

REGISTRAR'S SIGNATURE  
Anna E. Ferris

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Calvin Underwood Butler, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

1087  
4

DIVISION OF HEALTH OF MD.  
District No. 5 - Section B

RECEIVED APR 30 1951

Dist. File 451-921

Date Filed 4-30-51

---

---

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 Robert G. Steinbeck  
Licensed Embalmer No. 4657

P. O. Address Butler, 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.