

FILED JUL 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22150**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 752

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph c. LENGTH OF STAY (In this place) 10 min.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Bloomington Twsp.

d. FULL NAME OF HOSPITAL OR INSTITUTION Ambulance, St. Joseph, Mo.

d. STREET ADDRESS (If rural, give location) R.F.D. DeKalb, Mo. 0110

3. NAME OF DECEASED (Type or Print)
a. (First) THELMA b. (Middle) HOWARD c. (Last) MOORE

4. DATE OF DEATH (Month) (Day) (Year)
7 14 1951

5. SEX Female

6. COLOR OR RACE White

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

8. DATE OF BIRTH Nov. 2, 1915

9. AGE (In years last birthday) 35
F UNDER 1 YEAR Months Days F UNDER 1 HR. Hours Min.

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) Frankfort, Kentucky

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Charles P. Stephens

13b. MOTHER'S MAIDEN NAME Eva Howard

14. NAME OF HUSBAND OR WIFE Kelsie Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Kelsie Moore, DeKalb, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH acute

*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.

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

19b. MAJOR FINDINGS OF OPERATION 4201

20. AUTOPSY? YES NO

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) (Min.)

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

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/14/1951 to 7/14/1951, that I last saw the deceased alive on 7/14/1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) Edward H. Sand

22b. ADDRESS 224 Logan Bldg. St. Joseph, Mo.

22c. DATE SIGNED 7/17/51

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

24b. DATE 7-17-1951

24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery

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

DATE REC'D BY LOCAL REG. July 19, 1951

REGISTRAR'S SIGNATURE Carl C. Castile

25. FUNERAL DIRECTOR'S SIGNATURE John E. Rupp

ADDRESS St. Joseph, Mo.

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.

Signed.....
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3986

P. O. Address Joseph

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.