

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38250**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 4364 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>ARK.</u> b. COUNTY <u>BENTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stelle</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MAYSVILLE 8030</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>8</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cardwell Hospital</u>			
3. NAME OF DECEASED a. (First) <u>LILLIE</u>		b. (Middle) <u>AGNES</u> c. (Last) <u>THOMASON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 30, 1951</u>			
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>	8. DATE OF BIRTH <u>FEB. 7-1870</u>
9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>McCLAINBORO, KY.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MARTIN B. DAILY</u>	13b. MOTHER'S MAIDEN NAME <u>HARRIET WOOD</u>	14. NAME OF HUSBAND OR WIFE <u>PREDY SAMUEL N. THOMASON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year, no. or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME. ADDRESS <u>Master P. Thomason</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</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 <u>1 Day</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>493 X</u> YES <input type="checkbox"/> NO <input 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 <u>July 31, 1951</u> , to <u>Aug. 30, 1951</u> , that I last saw the deceased alive on <u>Aug. 30, 1951</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. Cardwell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Stelle, Mo.</u>	23c. DATE SIGNED <u>12-2-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maysville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maysville Benton Ark.</u>
DATE REC'D BY LOCAL REG. <u>12-7-1951</u>	REGISTRAR'S SIGNATURE <u>Alpha Dyer</u> 364	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Tom Clark Jay Okla</u>	

(Licensed Embalmer's Statement on Reverse Side)

0730

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No.                       
District File Number 1251-382  
Date Filed December 10-1951

NEOSHO, MISSOURI

AUG 11 1952

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 Tom Okean, Student Embalmer No. 993

working under my personal supervision.

Student                      ✓  
Student Embalmer

Signed Tom Okean  
Licensed Embalmer No. 993 Okean

P. O. Address Jay Okean

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.