No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7704

FILED APR 9 1952

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4096 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY: Cass
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Cass
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Freeman. 0190
d. STREET ADDRESS (If rural, give location): No Number

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

4. DATE OF DEATH (Month) (Day) (Year): Mar. 19-1952

5. SEX: Fe
6. COLOR OR RACE: Wh.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 3-1876
9. AGE (In years last birthday): 75 — If under 1 year: Months 5, Days 16 — If under 24 hrs.: 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: —
11. BIRTHPLACE (State or foreign country): Humiston, Iowa.
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: Virgil Waggener
13b. MOTHER'S MAIDEN NAME: Charlotte Pearcy
14. NAME OF HUSBAND OR WIFE: Guineet Thomas.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Laura Barnette — **ADDRESS**: Independence, Mo

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) Respiratory collapse — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Bilateral Hypostatic Pneumonia
DUE TO (c) Chronic Cardiac Decompensation

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: —
20. AUTOPSY? YES ☐ NO ☒ — 4343

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Freeman Cass Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: None

22. *I hereby certify that I attended the deceased from* 1/15/, 1952, *to* 3/19/, 1952, *that I last saw the deceased alive on* 3/19/, 1952, *and that death occurred at* 10:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. C. W. Marsh, D.O.
23b. ADDRESS: Drexel, Mo.
23c. DATE SIGNED: Mar. 20, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21-1952
24c. NAME OF CEMETERY OR CREMATORY: Freeman Cemetery
24d. LOCATION (City, town, or county) (State): Freeman Mo.

DATE REC'D BY LOCAL REG.: Mar 23, 1952
REGISTRAR'S SIGNATURE: Dora Barnard
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Harrisonville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

YS AUG 16 1950

RECEIVED
MAR 29 1952
CASS COUNTY
HEALTH DEPARTMENT

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 Floyd Atkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3920

P. O. Address Harrisonville, 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.