

FILED MAY 14 1952

DEPARTMENT OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 12502

BIRTH NO. _____		REG. DIST. NO. 104		PRIMARY REG. DIST. NO. 4176		Registrar's No. 16		
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden				
c. LENGTH OF STAY (In this place) life				d. STREET ADDRESS (If rural, give location) 208 W. Main				
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 W. Main				d. STREET ADDRESS (If rural, give location) 208 W. Main				
3. NAME OF DECEASED (Type or Print) a. (First) SARAH			b. (Middle) CATHERINE			c. (Last) THOM		
4. DATE OF DEATH (Month) (Day) (Year) April 8 1952			5. SEX Female			6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W			8. DATE OF BIRTH May 7, 1864			9. AGE (In years last birthday) 87		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10b. KIND OF BUSINESS OR INDUSTRY Housewife			11. BIRTHPLACE (State or foreign country) Buchanan, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S. A.			13a. FATHER'S NAME Columbus Shiverdeck			13b. MOTHER'S MAIDEN NAME Julianna Locket		
14. NAME OF HUSBAND OR WIFE _____			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 Grace Eaker			ADDRESS Malden, Mo.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis - Fibrous			II. OTHER SIGNIFICANT CONDITIONS Conditons contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH about 12 yrs		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			II. OTHER SIGNIFICANT CONDITIONS Conditons 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 <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) 002X			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 Sept. 1940 , to April 8, 1952 , that I last saw the deceased alive on April 8, 1952 , and that death occurred at 6:50 p. m. , from the causes and on the date stated above.		
23a. SIGNATURE Homer Beall M.D. (Degree or title) 0			23b. ADDRESS Malden, Mo.			23c. DATE SIGNED 4-14-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			24b. DATE 4/10/52			24c. NAME OF CEMETERY OR CREMATORY PARK		
24d. LOCATION (City, town, or county) (State) MALDEN MO.			DATE REC'D BY LOCAL REG. 4/25/52			REGISTRAR'S SIGNATURE J. W. Schaefer		
25. FUNERAL DIRECTOR'S SIGNATURE DAY FUNERAL HOME			ADDRESS MALDEN, MO.			25. FUNERAL DIRECTOR'S SIGNATURE _____		
ADDRESS _____			25. FUNERAL DIRECTOR'S SIGNATURE _____			ADDRESS _____		

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 4-28-52

COUNTY FILE NUMBER 452-107....

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. D. Schuman

Licensed Embalmer No. 4086

P. O. Address *Malden*

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.