

FILED SEP 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27781**  
**831**

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>831</b>			
1. PLACE OF DEATH a. COUNTY <b>Greene</b> <b>0396</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		d. STREET ADDRESS (If rural, give location) <b>2901 W. Walnut St.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Baptist Hospital</b>									
3. NAME OF DECEASED (Type or Print) a. (First) <b>NANCY</b>			b. (Middle) <b>JANE</b>		c. (Last) <b>THOMAS</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 10 1952</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2 June 1899</b>		9. AGE (In years last birthday) <b>53</b> If under 1 year: Month Days If under 10 hrs: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>In Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>George H. Son</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>John Thomas</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>John Thomas Springfield, Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adeno Carcinoma of Ovaries.</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Metastases to Bowls, Periton.</b> DUE TO (c) <b>Liver</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 yrs.</b>	
19a. DATE OF OPERATION <b>2-5-52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Far advanced metastases = Bowel obstruction</b>					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)					
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? <b>175X</b>					
22. I hereby certify that I attended the deceased from <b>7-17-50</b> to <b>9-10-52</b> , that I last saw the deceased alive on <b>9-10-52</b> , 19 <b>52</b> , and that death occurred at <b>8:30A</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <i>[Signature]</i>				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>9-10-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-12-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Springfield Mo.</b>			
DATE REC'D BY LOCAL REG. <b>9-12-52</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. KLINGNER &amp; CO. SPRINGFIELD, MO.</b>					

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

NOV 17 1952

OCT 18 1953

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 \_\_\_\_\_

Licensed Embalmer No. 1005

P. O. Address Springfield, 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.