

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3054

State File No.

39752

NOV 22 1952

BIRTH NO.

REG. DIST. NO. 278

PRIMARY REG. DIST. NO. 3052

Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY OR TOWN <u>LOUISIANA</u>		c. CITY OR TOWN <u>LOUISIANA</u> 0821	
c. LENGTH OF STAY (If applicable) <u>57 YRS</u>		d. STREET ADDRESS (If rural, give location) <u>615 GEORGIA ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MONTA</u> b. (Middle) <u>—</u> c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Oct 2, 1883</u>
9. AGE (In years last birthday) <u>69</u>		10. IF UNDER 24 HRS. Hours Minutes	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CITY TREASURER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CITY TREASURER</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH ALEXANDER</u>		13b. MOTHER'S MAIDEN NAME <u>ANNIE MARIA BUGG</u>	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE 498-36-6965</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>SOPHIA ELIZABETH MOORE</u>		ADDRESS <u>ST. LOUISA</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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1-10, 1952</u> to <u>11-6, 1952</u> ; that I last saw the deceased alive on <u>11-6, 1952</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>Bernice Collier</u> (Degree or title)		23b. ADDRESS <u>M. D. Louisiana, Missouri</u>	
23c. DATE SIGNED <u>11-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Nov. 9, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>RIVERVIEW</u>		24d. LOCATION (City, town, or county) (State) <u>LOUISIANA, MO.</u>	
DATE REC'D BY LOCAL REG. <u>Nov 9, 1952</u>		REGISTRAR'S SIGNATURE <u>Bernice Collier</u> 374	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Collier</u>		ADDRESS <u>Louisiana, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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_____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.