

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6551

State File No. 10373

FILED MAR 9 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>109</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>38 days</u>		c. CITY OR TOWN <u>Joplin</u>		d. STREET ADDRESS (If rural, give location) <u>1812 Picher ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Freeman Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1812 Picher ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nattie</u>			b. (Middle) <u>R.</u>		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-16-1953</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unmarried</u>		8. DATE OF BIRTH <u>6-29-1864</u>	9. AGE (in years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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 <u>Homemaking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Oshland Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Dr. R.S. Martin</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Blanton</u>		14. NAME OF HUSBAND OR WIFE <u>S.J. Thomas Deceased 1941</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Isabella McKenna Joplin Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture Hip</u> INTERVAL BETWEEN ONSET AND DEATH <u>Jan 7-53</u> ANTECEDENT CAUSES <u>from a fall in his home</u> <u>Chronic Valvular Heart</u> <u>Myocardial Failure 2 mo</u> 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. <u>E9040</u> <u>21</u>			
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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Joplin Jasper Mo</u>		21f. HOW DID INJURY OCCUR <u>Fell in her home.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-25-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Jan 7</u> , 19 <u>53</u> , to <u>Feb 4</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Jan 14</u> , 19 <u>53</u> , and that death occurred at <u>1:00</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Loy E. Messersmith</u> (Degree or title)				23b. ADDRESS <u>702 Tennessee</u>		23c. DATE SIGNED <u>Feb 18-53</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope ce.</u>		24d. LOCATION (City, town, or county) (State) <u>Well City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-2-53</u>		REGISTRAR'S SIGNATURE <u>Ed. J. James</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Adkins & Son</u> <u>St. Marked - Dillon Mort.</u> <u>Joplin Mo.</u>			

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

RECEIVED 3-6-53
Jasper County Health Office

County File Number 53/3/214

Date Filed 3-6-53

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 David E. Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin, 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.