

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9226

State File No. _____

No. 300
10.48

FILED APR 14 1953

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3016

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY: Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE: Missouri b. COUNTY: Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jefferson City		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jefferson City		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 428 E. Capitol Ave.				d. STREET ADDRESS (If rural, give location): 428 E. Capitol Ave.			
3. NAME OF DECEASED (Type or Print)		a. (First) Celeste Price Thomas		b. (Middle)		c. (Last)	
5. SEX: Female		6. COLOR OR RACE: White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed		8. DATE OF BIRTH: July 2, 1878	
9. AGE (In years last birthday): 74		If UNDER 1 YEAR: 9 Months 8 Days		If UNDER 24 HRS: _____ Hours _____ Mins.		4. DATE OF DEATH (Month) (Day) (Year): April 10, 1953	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife		10b. KIND OF BUSINESS OR INDUSTRY: OWN		11. BIRTHPLACE (City and State or Foreign Country): Pettis Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME: Thomas Benton Price		13b. MOTHER'S MAIDEN NAME: Ada C. Bear		14. NAME OF HUSBAND OR WIFE: Cecil Thomas			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no		16. SOCIAL SECURITY NO.: no		17. INFORMANT'S SIGNATURE OR NAME: Mrs James Idol Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive and arteriosclerotic heart disease				5 years	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. Bronchopneumonia				2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: 4200				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?			
22. I hereby certify that I attended the deceased from 4-23, 1953 to 4-10, 1953 that I last saw the deceased alive on 4-10, 1953 , and that death occurred at 5:55 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE: John D. Haebecker, MD				23b. ADDRESS: 425 Madison Ave		23c. DATE SIGNED: 4.11.53	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial		24b. DATE: April 13, 1953		24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery		24d. LOCATION (City, town, or county) (State): Jefferson City, Mo.	
DATE REC'D BY LOCAL REG.: April 11-1953		REGISTRAR'S SIGNATURE: R. P. Norris		25. FUNERAL DIRECTOR'S SIGNATURE: Victor Briesche ADDRESS: _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 8 1951

MAY 5 1953

MAR 1 1954

JUN 8 1951

MAR 3 1954

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

Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HAND WRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.