

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13556

State File No. _____

FILED MAY 6 1953

59

4099

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pleasant Hill, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>429 N. Armstrong</u>		d. STREET ADDRESS (If rural, give location) <u>429 N. Armstrong</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edna</u> b. (Middle) _____ c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-16-1953</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-19-1898</u>
9. AGE (In years last birthday) <u>54</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Leeton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William T. DesCombes</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Culp</u>		14. NAME OF HUSBAND OR WIFE <u>Ross Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ross Thomas Pleasant Hill, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left breast</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS <u>Diabetes mellitus</u> Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>26 mo</u>	
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19a. DATE OF OPERATION <u>3-10-51</u>		19b. MAJOR FINDINGS OF OPERATION <u>As above</u>		20. AUTOPSY? YES ☐ NO ☒	
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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____	

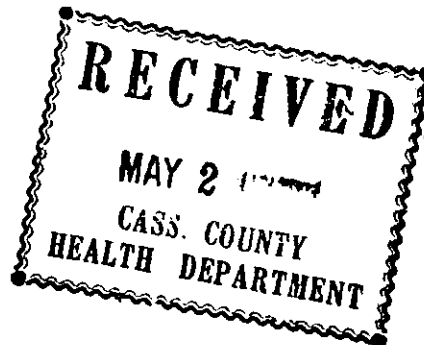
22. I hereby certify that I attended the deceased from 1-26 to 4-16, 1953 that I last saw the deceased alive on 4-16, 1953, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edna Thomas</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Pleasant Hill, Mo.</u>		23c. DATE SIGNED <u>4-20-1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo.</u>					

DATE REC'D BY LOCAL REG <u>April 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen Broughton</u> ADDRESS <u>Pleasant Hill, Mo.</u>	
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(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. 3485

P. O. Address Pleasant Hill, Ind.

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.