

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **17304**

LED MAY 25 1953

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **154**

0164
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	c. LENGTH OF STAY (in this place) 6 weeks	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Hubble 0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION S E Mo Hospital		d. STREET ADDRESS (If rural, give location) Jackson Mo R F D # 2	

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) Thoma c. (Last) Thoma	4. DATE OF DEATH (Month) (Day) (Year) May 18 1953
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5. SEX ♂	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Mar 18 1874	9. AGE (In years last birthday) 79 If under 1 year: Months Days Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jackson Mo R F D # 2	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Thoma	13b. MOTHER'S MAIDEN NAME Caroline Illers	14. NAME OF HUSBAND OR WIFE Elizebath Boese Thoma
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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. None	17. INFORMANT'S SIGNATURE OR NAME Carl Thoma	ADDRESS Jackson Mo R # 2
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pemphigus Vulgaris		11 weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) following Influenza DUE TO (c) _____		4 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pyelonephritis, Chronic		undetermined	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **12 March, 1953**, to **18 May, 1953**, that I last saw the deceased alive on **18 May, 1953**, and that death occurred at **11:00 P.M.** from the causes and on the date stated above.

23a. SIGNATURE Seth S. Barnes Seth S. Barnes, M. D.	23b. ADDRESS 1854 Broadway, Cape Girardeau, Mo.	23c. DATE SIGNED 21 May 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 21 1953	24c. NAME OF CEMETERY OR CREMATORY St James	24d. LOCATION (City, town, or county) (State) Tilsit Mo
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DATE REC'D BY LOCAL REG. 5-21-53	REGISTRAR'S SIGNATURE C. C. Summers	FUNERAL DIRECTOR'S SIGNATURE McComb	ADDRESS 744 1/2 Jackson Mo
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Ba Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.