

STANDARD CERTIFICATE OF DEATH

18721

State File No. _____

FILED MAY 26 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 192

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| 1. PLACE OF DEATH a. COUNTY <u>Marion</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>New London</u> | |
| c. LENGTH OF STAY (in this place) _____ | | d. STREET ADDRESS (If rural, give location) <u>719 Ely Hannibal Mo</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Knigge's Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Manie Belle</u> b. (Middle) <u>Duncan</u> c. (Last) <u>Thomas</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-53</u> | | |
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|----------------------|-------------------------------|---|-----------------------------------|---|---|--|
| 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>2/10/1880</u> | 9. AGE (in years last birthday) <u>73</u> | IF UNDER 1 YEAR Months <u>4</u> Days _____ | IF UNDER 6 MOS. Hours _____ Mins. _____ |
|----------------------|-------------------------------|---|-----------------------------------|---|---|--|

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| 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 _____ | 11. BIRTHPLACE (City and State or Foreign Country) <u>Higbee, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>Benjamin F. Maxfield</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Botts</u> | 14. NAME OF HUSBAND OR WIFE <u>A. F. Thomas</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Howard Goldman,</u> | ADDRESS <u>RFD 2, Hannibal, Mo.</u> |
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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma breast</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>170X</u> | | | |

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| 19a. DATE OF OPERATION <u>1949</u> | 19b. MAJOR FINDINGS OF OPERATION: <u>Carcinoma Breast</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>4-14-1953</u> | 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 3-15-1953 to 5-18-1953, that I last saw the deceased alive on 4-28-1953, and that death occurred at 10:00 AM from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Walter D. M.D.</u> (Degree or title) | 23b. ADDRESS <u>Hannibal Mo</u> | 23c. DATE SIGNED <u>5-18-53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5/20/53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Hannibal Marion Mo</u> |
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|---|---|--|----------------------------|
| DATE REC'D BY LOCAL REG. <u>5/18/53</u> | REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Michael J. O'Donnell</u> | ADDRESS <u>Hannibal Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

44
4

RECEIVED **MAY 25 1953**
MARION CO. HEALTH DEPT.
DATE FILED **MAY 25 1953**

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 Michael J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.