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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20587

BIRTH NO. FILED JUN 17 1953 REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 191

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

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (in this place): 5 das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.O.H.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri b. COUNTY: Adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Novinger R. F. D. 0010 1
d. STREET ADDRESS (If rural, give location): Liberty Twp.

3. NAME OF DECEASED (Type or Print)
a. (First): Mayme b. (Middle): c. (Last): Thomas

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1953

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single m
8. DATE OF BIRTH: Dec. 31, 1887
9. AGE (In years last birthday): 65 — 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): Home
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Knightsville, Indiana 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Absolem George Thomas
13b. MOTHER'S MAIDEN NAME: Mary Jane Guest
14. NAME OF HUSBAND OR WIFE: X

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Carl E. Thomas, Hazel Park, Mich.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic congestion of lungs — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of Cecum c̄
DUE TO (c) carcinomatosis of abdomen — 1 year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 153X

19a. DATE OF OPERATION: April 15-53
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma of Cecum c̄ extensive metastases
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) m.
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* Apr 5, 1953, *to* June 7, 1953, *that I last saw the deceased alive on* June 6, 1953, *and that death occurred at* 5:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] D.O.
23b. ADDRESS: Kirksville, Mo.
23c. DATE SIGNED: June 8 53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6/8/53
24c. NAME OF CEMETERY OR CREMATORY: Baden Springs
24d. LOCATION (City, town, or county) (State): Adair County, Mo.

DATE REC'D BY LOCAL REG.: 6-10-53
REGISTRAR'S SIGNATURE: Kate Lambert 1-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: [signature] Kirksville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUL 5 1939

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Richard H. Bandall

Signed.....
Student Embalmer

Licensed Embalmer No. 4866

P. O. Address Kirksville, M

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

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