

STANDARD CERTIFICATE OF DEATH

22293

State File No.

FILED JUL 15 1953

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY New Madrid		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) rural Carno, Mo.		c. LENGTH OF STAY (in this place) 27 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Rural Risco		d. STREET ADDRESS (If rural, give location) 2 miles S. Risco Mo. 0720	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED a. (First) Alberta		b. (Middle) _____	
c. (Last) Thomas		4. DATE OF DEATH (Month) (Day) (Year) May 3 1953	
5. SEX female	6. COLOR OR RACE black	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov 16 1915
9. AGE (In years last birthday) 37	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Newport Ark	12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Herbert Davis	13b. MOTHER'S MAIDEN NAME Sarah Walden	14. NAME OF HUSBAND OR WIFE Joe Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joe Thomas Risco Missouri	
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.	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.		INTERVAL BETWEEN ONSET AND DEATH 1 yr ago
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer starting work.		DUE TO (b) Mastitis over body	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) in Lung	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Had treatment at Risco	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION skin and Cancer Discovered		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 May 1, 1952 , to May 3, 1953 , that I last saw the deceased alive on May 3, 1953 , and that death occurred at 10:10 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. Carlstrom D.O.		23b. ADDRESS Mallin	23c. DATE SIGNED May 6, 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE May 5 1953	24c. NAME OF CEMETERY OR CREMATORY Poplar Bluff colored	24d. LOCATION (City, town, or county) (State) 5 Mi. S. Poplar Bluff Mo.
DATE REC'D BY LOCAL REG. 7-10-53	REGISTRAR'S SIGNATURE Dr. Gosh... M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. H. ... Parma Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

120

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 *Walter Marsh Withers*.....

Licensed Embalmer No. *4717*.....

P. O. Address *Depter, 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.