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

FILED SEP 2 - 1953

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 28190

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5392 Registrar's No. 72

**1. PLACE OF DEATH**
a. COUNTY: Dent
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Watkins
c. LENGTH OF STAY (in this place): 6wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None, Near Lenox, Mo.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Camden
c. CITY OR TOWN: Camdenton
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): City

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

**4. DATE OF DEATH** (Month) (Day) (Year): August 24, 1953

**5. SEX**: F 1
**6. COLOR OR RACE**: W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: June 13, 1920
**9. AGE** (In years last birthday): 33
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): Housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: Housework
**11. BIRTHPLACE** (City and State or Foreign Country): Ohio 1
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Stephen Leblanc
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Clyde Thomas

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 380-12-9678
**17. INFORMANT'S SIGNATURE OR NAME**: Clyde Thomas
**ADDRESS**: Rtl, Salem, Mo.

**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) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

*Conditions contributing to the death but not related to the disease or condition causing death.* 4201

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Autopsy performed by, Henry Sweet M.D.
**20. AUTOPSY?** YES [X] 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* After Death *, to* _____ *, 19____, that I last saw the deceased alive on* _____ *, 19____, and that death occurred at* 10P. *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Marshall C. Blackwell, Coroner
**23b. ADDRESS**: Salem, Mo.
**23c. DATE SIGNED**: Aug, 25, 53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 8/27/53
**24c. NAME OF CEMETERY OR CREMATORY**: Louisville Memorial Gardens
**24d. LOCATION** (City, town, or county) (State): Louisville, Ky.

**DATE REC'D BY LOCAL REG.**: 8-25-53
**REGISTRAR'S SIGNATURE**: M. M. Hart, M.D. by mgr. 83-0
**25. FUNERAL DIRECTOR'S SIGNATURE**: Blackwell-Warfel
**ADDRESS**: Salem, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOV 30 1953

APR 12 1958

APR 9 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Marshall C. Blackwe

Licensed Embalmer No. 47

P. O. Address Salem, p

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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