

FILED DEC 28 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42536

State File No. ....

0380

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Stanberry</u>	
c. LENGTH OF STAY (in this place) <u>60 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>South High St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South High St</u>			
3. NAME OF DECEASED a. (First) <u>Mrs. Anna</u> b. (Middle) <u>Wilhelma</u> c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1953</u>	
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>Mar 3 1882</u>
9. AGE (In years last birthday) <u>71</u>		IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>	IF UNDER 2 HRS. Hours <u>  </u> Min. <u>  </u>
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 <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Plymouth, Indians</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Maxmilliam Heyde</u>		13b. MOTHER'S MAIDEN NAME <u>Sofia Fisher</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Thomas</u>
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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Frank Thomas Stanberry</u> ADDRESS <u>Mo.</u>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) <u>332 X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	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 _____, 19____, to <u>Dec 17, 1953</u> , that I last saw the deceased alive on <u>Dec 17, 1953</u> , and that death occurred at <u>3 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Albert L. Barlin M.D.</u>		23b. ADDRESS <u>Stanberry, Mo.</u>	23c. DATE SIGNED <u>12-21-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/21/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>High Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Stanberry Gentry Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec 26-53</u>	REGISTRAR'S SIGNATURE <u>Maudie Williams</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fatoy F. Phillips</u>	ADDRESS <u>Stanberry</u>

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

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**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

*Leroy F. Phillips*

Licensed Embalmer No. \_\_\_\_\_

*1898*

P. O. Address \_\_\_\_\_

*Shelton, Md.*

**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.