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FILED DEC 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38134

BIRTH NO. 79459-54 REG. DIST. NO. 240 PRIMARY REG. DIST. NO. 4358 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lilbourn
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY New Madrid
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lilbourn 0720
d. STREET ADDRESS (If rural, give location) 0

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

4. DATE OF DEATH (Month) (Day) (Year) Nov-26-54

5. SEX Female 3
6. COLOR OR RACE Colored
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH Nov-20-1954
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child.
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Lilbourn Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Geo Thomas
13b. MOTHER'S MAIDEN NAME Nora Wilhervess
14. NAME OF HUSBAND OR WIFE —

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. No.
17. INFORMANT'S SIGNATURE OR NAME Geo Thomas, Lilbourn, Mo. ADDRESS

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) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 7720
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* 11-20-, 1954, *to* 11-26-, 1954, *that I last saw the deceased alive on* 11-26, 1954, *and that death occurred at* 9.30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John H. Roberson M.D. **23b. ADDRESS** B. 203 Lilbourn Mo **23c. DATE SIGNED** 11/29/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Nov-27-54
24c. NAME OF CEMETERY OR CREMATORY Fannie Powell
24d. LOCATION (City, town, or county) (State) New Madrid, Mo.

DATE REC'D BY LOCAL REG. 12-1-54
REGISTRAR'S SIGNATURE H. L. Ponder Deputy 2180
25. FUNERAL DIRECTOR'S SIGNATURE Richards Undt. Co. **ADDRESS** New Madrid Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer .....

..... Student Embalmer No. .....

working under my personal supervision.

Student ..... Not
Student Embalmer

Signed Tommy L. Doherty

Licensed Embalmer No. 4886

P. O. Address New Madrid, 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.