

BIRTH NO. _____		REG. DIST. NO. <u>358</u>		PRIMARY REG. DIST. NO. <u>6215</u>		Registrar's No. <u>1</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Horicon OSAGE TWP</u>		c. LENGTH OF STAY (In this place) <u>2 1/2</u>		c. CITY OR TOWN <u>Horicon</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>				STREET ADDRESS (If rural, give location) <u>Don't know.</u> <u>1080</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Margaret</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 27 1954</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 12-1873</u>			
9. AGE (In years last birthday) <u>81</u>		if UNDER 1 YEAR Months _____ Days _____		if UNDER 14 HRS. Hours _____ Min. _____					
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>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Horicon Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Charles Lewis Humble</u>			13b. MOTHER'S MAIDEN NAME <u>Margaret Rose</u>		14. NAME OF HUSBAND OR WIFE <u>William J. 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>Charles O. Thomas</u> ADDRESS <u>Horicon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>				DUE TO (b) <u>Influenza</u>				1 yr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Advanced age</u>				3 days.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>11/21</u> , 19 <u>54</u> , to <u>11/22</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/21</u> , 19 <u>54</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. J. Love MD</u> (Degree or title)				23b. ADDRESS <u>Nevada, Mo</u>		23c. DATE SIGNED <u>11/23/54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 26, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Beechman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Horicon Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Nov. 25-54</u>		REGISTRAR'S SIGNATURE <u>Bliss B. Daily</u> 463		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam</u>		ADDRESS <u>Horicon, Nevada Mo.</u>			

**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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No.....

P. O. Address Nevada, Miss

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.