No. 300
10.48

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

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 300

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY: Buchanan 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 3004 Olive Street 01170

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

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1955

5. SEX: Female 1
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 1
8. DATE OF BIRTH: January 11, 1875
9. AGE (In years last birthday): 80 | 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: At home
11. BIRTHPLACE (City and State or Foreign Country): Frazer, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William E. Robinson
13b. MOTHER'S MAIDEN NAME: Margaret Lewis
14. NAME OF HUSBAND OR WIFE: John W. 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.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss. Bernice Thomas
ADDRESS: St. Joseph, 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) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fracture, right hip — 6 weeks.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis, left leg.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E9040 21
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP): St. Joseph (COUNTY): Buchanan 131 (STATE): Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec. 2 '54 5 A.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [✓]
21f. HOW DID INJURY OCCUR? Fell in bedroom.

22. *I hereby certify that I attended the deceased from* Dec 2, 1954, *to* 14 Jan, 1955, *that I last saw the deceased alive on* 14 Jan, 1955, *and that death occurred at* 12:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William C. McDonald (Degree or title): M.D.
23b. ADDRESS: 301 N. 8th St., City
23c. DATE SIGNED: 17 Jan '55

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 17, 1955
24c. NAME OF CEMETERY OR CREMATORY: Frazer Baptist Cemetery
24d. LOCATION (City, town, or county) (State): Frazer, Missouri.

DATE REC'D BY LOCAL REG.: Jan 19, 1955
REGISTRAR'S SIGNATURE: Esther M. Allison 455
25. FUNERAL DIRECTOR'S SIGNATURE: Meierhoffer-Fileman, Inc.
ADDRESS: ST. Joseph, Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student *** ***
Signature of Student Embalmer

Signed Raymond W. Moreh

Licensed Embalmer No. 4413 M

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.