

FILED APR 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10921

BIRTH NO. _____ REG. DIST. NO. 13 PRIMARY REG. DIST. NO. 3003 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Monett		c. CITY OR TOWN Monett	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 Yrs.		e. STREET ADDRESS (If rural, give location) 911 Third Street 805/6	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Vincent Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) ANNIE	b. (Middle) OMA	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) April, 11, 55
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 11, 1882	9. AGE (In years last birthday) 72	10 UNDER 1 YEAR Months 9 Days 0	11 UNDER 2 HRS. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same	11. BIRTHPLACE (City and State or Foreign Country) Barry County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME C. M. Smith	13b. MOTHER'S MAIDEN NAME Virginia Swiger	14. NAME OF HUSBAND OR WIFE Elmun Thomas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mr. Elmun Thomas	ADDRESS Monett, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 days
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____	Cerebral thrombosis		
ANTECEDENT CAUSES	DUE TO (b) _____		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-31-55, 1955, to 4-11-55, 1955, that I last saw the deceased alive on 4-11-55, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank K. ... M.D.	23b. ADDRESS Monett, Mo.	23c. DATE SIGNED 4/11/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/55	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F.	24d. LOCATION (City, town, or county) (State) Monett, Missouri
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DATE REC'D BY LOCAL REG. 4-14-55	REGISTRAR'S SIGNATURE Wm. O. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Dr. Buchanan	ADDRESS Monett, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 455-232

DATE REC. 4-19-55

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 J. D. Buchanan

Licensed Embalmer No. 317

P. O. Address Monett

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.