No. 300
10.48

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

FILED NOV 28 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35966

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 318

**1. PLACE OF DEATH**
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia, Mo.
c. LENGTH OF STAY (In this place): 5 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): University Hospital.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Boone.
c. CITY OR TOWN: Columbia
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
STREET ADDRESS (If rural, give location): Powells Trailer Court

**3. NAME OF DECEASED** (Type or Print)
a. (First): MARLYS
b. (Middle): DARLENE
c. (Last): THOMAS

**4. DATE OF DEATH** (Month) 11 (Day) 22 (Year) 55

**5. SEX**: Female
**6. COLOR OR RACE**: Caucasian
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Single
**8. DATE OF BIRTH**: 7-16-50
**9. AGE** (In years last birthday): 5
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): —
**10b. KIND OF BUSINESS OR INDUSTRY**: —
**11. BIRTHPLACE** (City and State or Foreign Country): MINOT, N. DAKOTA
**12. CITIZEN OF WHAT COUNTRY?**: U.S.

**13a. FATHER'S NAME**: MARVIN L. THOMAS
**13b. MOTHER'S MAIDEN NAME**: MABEL F. GINGERICH
**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.**: —
**17. INFORMANT'S SIGNATURE OR NAME, ADDRESS**: Mabel F. Thomas Columbia 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) Hemorrhage cerebral — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Thrombocytopenic purpura, Werlhof's idiopathic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* 296X

**19a. DATE OF OPERATION**: NONE
**19b. MAJOR FINDINGS OF OPERATION**: —
**20. AUTOPSY?** YES ☒ NO ☐

**21a. ACCIDENT SUICIDE HOMICIDE** (Specify): No
**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* 11-22, 1955, *to* 11-22, 1955, *that I last saw the deceased alive on* 11-22, 1955, *and that death occurred at* 8:10 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): Clement E. Proske M.D.
**23b. ADDRESS**: U of Missouri, Columbia Mo
**23c. DATE SIGNED**: 11-22-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Cremation
**24b. DATE**: 11-23-1955
**24c. NAME OF CEMETERY OR CREMATORY**: Mohall N. D.
**24d. LOCATION** (City, town, or county) (State): Mohall North Dakota

DATE REC'D BY LOCAL REG.: Nov. 23, 1955
REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer 31-0
**25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS**: Lyman Funkhouser, Columbia 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 emb

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

~~Signed~~ Lyman H. Sprunkle

Licensed Embalmer No. 401.

P. O. Address Columbia

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