

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1956

State File No. **5270**
Registrar's No. **87**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 87		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. LENGTH OF STAY (in this place) 25 yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence				e. STREET ADDRESS (If rural, give location) 125 E. Waldo				
3. NAME OF DECEASED (Type or Print) a. (First) Margaret			b. (Middle) E.		c. (Last) Thale		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 20, 1868		9. AGE (In years last birthday) 87	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 Self employed		11. BIRTHPLACE (City and State or Foreign Country) 0 Pike County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thos. V. Inlow		13b. MOTHER'S MAIDEN NAME Peggy Ann Ayers		14. NAME OF HUSBAND OR WIFE Thos. F. Thale (deceased)				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Geo. A. Thale, Pasadena, Calif.		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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage			INTERVAL BETWEEN ONSET AND DEATH 3 days	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis			104yr	
				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 33/x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 11-18, 1955 , to 2-17, 1956 , that I last saw the deceased alive on 2-14, 1956 , and that death occurred at 10:35 a.m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Dr. J. J. Gammar D.O.				23b. ADDRESS 3000 Liberty, Indep Mo		23c. DATE SIGNED 2-17-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 20, 1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Air Cemetery		24d. LOCATION (City, town, or county) (State) Curryville, Missouri			
DATE REC'D BY LOCAL REG. 2-19-56		REGISTRAR'S SIGNATURE James [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Geo. C. Corson		ADDRESS Independence, 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Tom D. Marbland

Licensed Embalmer No. 459

P. O. Address Indep.

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.