

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9714

BIRTH NO. FILED APR 16 1956		REG. DIST. NO. 184		PRIMARY REG. DIST. NO. 3038		Registrar's No. 44	
1. PLACE OF DEATH a. COUNTY <u>LINN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CHARITON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BROOKFIELD MO</u>		c. LENGTH OF STAY (in this place) <u>18 mo</u>		c. CITY OR TOWN <u>Rothville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CRAMER REST HOME</u>				e. STREET ADDRESS (If rural, give location) <u>2101</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 6 - 1956</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 17 - 1879</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>19</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Mendon Mo - RFD</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>JAMES HESS</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J. Ubb</u>		14. NAME OF HUSBAND OR WIFE <u>A.S. THOMAS Rothville MO</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A.S. THOMAS Rothville 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis - (Glomerular)</u> DUE TO (c) <u>Hypertensive arteriosclerosis hardening</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Tubed Sarcosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>2 years</u> <u>20 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4200B</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>—</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>—</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>—</u>			
22. I hereby certify that I attended the deceased from <u>Oct 10</u> , 19 <u>49</u> , to <u>April 6</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 6</u> , 19 <u>56</u> ; and that death occurred at <u>6:30 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Katharine Johnson</u>				23b. ADDRESS <u>2111 Main Brookfield Mo</u>		23c. DATE SIGNED <u>4/8/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-9-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rothville</u>		24d. LOCATION (City, town, or county) (State) <u>Rothville MO</u>		
DATE REC'D BY LOCAL REG. <u>4-9-56</u>		REGISTRAR'S SIGNATURE <u>Katharine Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. K. Lipard Mendon MO</u>			

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

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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.....  
*S. L. Ripard*

Licensed Embalmer No. *3970*

P. O. Address *Mendon, T.*

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.