

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16746**

BIRTH NO. _____ REG. DIST. NO. **154** PRIMARY REG. DIST. NO. **2575** Registrar's No. **37**

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

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Jackson		a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Rural Washington (If outside corporate limits, write RURAL and give name) c. LENGTH OF STAY (in this place) 4 yrs		c. CITY OR TOWN Consolidated d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 103rd and State Line		e. STREET ADDRESS (If rural, give location) 103rd and State Line	
3. NAME OF DECEASED			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Mrs Gemmie Elizabeth b. (Middle) Thomas c. (Last) Thomas			May 24 1956
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2-20-1876
9. AGE (In years - last birthday) 80		10a. USUAL OCCUPATION (Give kind of work 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) Holden, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Hiram H Still		13b. MOTHER'S MAIDEN NAME Gemmie Gene Trembley	
14. NAME OF HUSBAND OR WIFE Ganes W Thomas		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 Emice Sue	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		18. ADDRESS 103rd and State Line	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSES (b) Cerebral Arterio Sclerosis		years	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Senility	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) Senility		5 days	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) 331x	
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 8-3 1954, to 5-24 1956, that I last saw the deceased alive on 5-20 1956, and that death occurred at 2:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Ada B. Pales M.D.		23b. ADDRESS Marion City, Mo.	23c. DATE SIGNED 5-26-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-28-1956	24c. NAME OF CEMETERY OR CREMATORY Sprout Cemetery	24d. LOCATION (City, town, or county) (State) Creighton, Missouri
DATE REC'D BY LOCAL REG. 5/26/56	REGISTRAR'S SIGNATURE Erving E. Goddard	25. FUNERAL DIRECTOR'S SIGNATURE France-Warnall Funeral Home	
		ADDRESS KC Mo	

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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.....
Russell N. Fran

Licensed Embalmer No. *42*

P. O. Address *4255*

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.