

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33550

State File No. _____

FILED OCT 18 1956

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 135

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give RURAL and give township) OR TOWN <u>Kennett</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>	c. CITY OR TOWN <u>Keokuk</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Co. Memorial Hosp.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>1/2 mi West of Keokuk, Mo</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LUCINDA</u>	b. (Middle) <u>—</u>	c. (Last) <u>THOMAS</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>9 29 56</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>3-30-1915</u>	9. AGE (In years last birthday) <u>41</u>	IF UNDER 1 YEAR Months <u>3</u>	IF UNDER 24 HRS. Hours <u>29</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>	11. BIRTHPLACE (City and State, or foreign Country) <u>Jefferson County Ark</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Robert Huffard</u>	13b. MOTHER'S MAIDEN NAME <u>Isabella Nancy Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Anderson Thomas</u>	ADDRESS <u>Keokuk, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Glomerulo-nephritis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>rise to the above cause (a) stating the underlying cause last.</u> 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 Sept 13, 1956, to 9-29, 1956, that I last saw the deceased alive on 9-29, 1956, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. Zimmerman M.D.</u>	(Degree or title) _____	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>1 Oct 56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-1-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan</u>	24d. LOCATION (City, town, or county) (State) <u>Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 1-56</u>	REGISTRAR'S SIGNATURE <u>Earl Husband</u>	25. SANITARY DIRECTOR'S SIGNATURE <u>J. Smith</u>	ADDRESS <u>Keokuk Mo</u>
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FILE NUMBER 1056-395

MAY 10-8-56

DUNKLIN COUNTY HEALTH

MAY 29 1956

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. M. Hill

Licensed Embalmer No. 24

P. O. Address *Bellevue, Mo.*

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