

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40312

State File No.

Dr. C E Sharp
FILED NOV 23 1956

BIRTH NO. _____ REG. DIST. NO. 336 PRIMARY REG. DIST. NO. 4493 Registrar's No. 384

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Shannon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u> | |
| b. CITY OR TOWN <u>Birch Tree</u> | | c. CITY OR TOWN <u>Birch Tree</u> | d. In Residence within limits of a city (Incorporated town) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) <u>50 yrs</u> | | e. STREET ADDRESS (If rural, give location) <u>1010</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | |

| | | | | |
|-------------------------------------|--------------------------|--------------------------|-------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Nammie</u> | b. (Middle) <u>Viola</u> | c. (Last) <u>Thomas</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4, 1956</u> |
|-------------------------------------|--------------------------|--------------------------|-------------------------|---|

| | | | | | | |
|----------------------|-------------------------------|---|-------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>May 5, 1884</u> | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 4 HRS. Hours _____ Min. _____ |
|----------------------|-------------------------------|---|-------------------------------------|---|---|--|

| | | | |
|--|-----------------------------------|---|---|
| 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 | 11. BIRTHPLACE (City and State or Foreign Country) <u>Servierville, Tennessee</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U S</u> |
|--|-----------------------------------|---|---|

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Scott Derrick</u> | 13b. MOTHER'S MAIDEN NAME <u>Lytle Webb</u> | 14. NAME OF HUSBAND OR WIFE <u>William Thomas</u> |
|---|---|---|

| | | | |
|--|-------------------------|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>William Thomas Birch Tree, Mo.</u> | 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial Infarction</u> DUE TO (c) <u>Toxic Goiter</u> | | |
| 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 <u>4201</u> | 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) (Min.) | 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 Oct 1, 1956, to Nov 2, 1956, that I last saw the deceased alive on Nov 2, 1956 and that death occurred at 9 a. m., from the causes and on the date stated above.

| | | |
|---|-------------------------------|----------------------------------|
| 23a. SIGNATURE <u>C E Sharp</u> (Degree or title) <u>DO</u> | 23b. ADDRESS <u>Winona Mo</u> | 23c. DATE SIGNED <u>11/17/56</u> |
|---|-------------------------------|----------------------------------|

| | | | |
|---|--------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-6-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Montier</u> | 24d. LOCATION (City, town, or county) (State) <u>Montier, Missouri</u> |
|---|--------------------------|---|--|

| | | | |
|--|--|---|---------|
| DATE REC'D BY LOCAL REG. <u>Nov 19, 1956</u> | REGISTRAR'S SIGNATURE <u>Malcolm Green</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Duncan Funeral Home Mtn View, Mo.</u> | ADDRESS |
|--|--|---|---------|

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

+47-

APR 12 1957

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. P. Duncan*

Licensed Embalmer No. *432*

P. O. Address *W. T. Chew*

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.