

FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44549**

360

3076

Registrar's No. **246**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 246	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY VERNON			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Nevada		c. LENGTH OF STAY (in this place) 15 Yrs.		c. CITY OR TOWN Nevada		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 Anderson Nursing Home				• STREET ADDRESS (If rural, give location) 203 S. Lynn St.			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas		b. (Middle) -----		c. (Last) Hope		4. DATE OF DEATH (Month) (Day) (Year) 12--- 16-1956	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED - NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Deceased widowed		8. DATE OF BIRTH Dec. 7th, 1871	
9. AGE (In years last birthday) 85		IF UNDER 1 YEAR Months 0 Days 13		IF UNDER 12 HRS. Hours ----- Min. -----			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Manchester England		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME ----- Hope		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 439-30-6730A		17. INFORMANT'S SIGNATURE OR NAME Sarah E. Comboy 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, arteria, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced Age				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home; farm; factory; street; office bldg., etc.) none		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Nevada - Vernon - Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> none		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from 12/14 , 19 56 to 12/16 , 19 56 , that I last saw the deceased alive on 12/14 , 19 56 , and that death occurred at 7:00 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. B. Love (Degree or title) Att. M.D.				23b. ADDRESS Nevada Mo.		23c. DATE SIGNED 12/20/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-1956		24c. NAME OF CEMETERY OR CREMATORY Newton Cemetery		24d. LOCATION (City, town, or county) (State) Nevada Mo.	
DATE REC'D BY LOCAL REG. 12-22-1956		REGISTRAR'S SIGNATURE Anna J. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Hays Funeral Service Inc.		ADDRESS Nevada Mo.	

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 *A. H. Marmaduke*

Licensed Embalmer No. *2070*.....

P. O. Address *Nevada*.....

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.