

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13905

STATE FILE NUMBER

FILED MAY 3 - 1957

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 55

|  |                                  |   |   |  |   |  |  |       |  |
|--|----------------------------------|---|---|--|---|--|--|-------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>MACON</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>MACON</u> |   |  |  |       |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>MACON</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <u>ATLANTA</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |       |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>SAMARITAN HOSP.</u>  |                                  |   | Length of stay in 1b  |  | d. STREET ADDRESS <u>0610</u> (If outside, give location)<br><u>6</u> |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                 |       |  |
| 3. NAME OF DECEASED (Type or print)<br>First <u>NANNIE</u> Middle <u>MADISON</u> Last <u>Thatcher</u>  |                                  |   |   | 4. DATE OF DEATH<br>Month <u>4</u> Day <u>17</u> Year <u>1957</u>  |   |  |  |       |  |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> |   | 8. DATE OF BIRTH<br><u>March-30-1885</u>   |   | 9. AGE (In years last birthday)<br><u>72</u>   | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>17</u> Hours <u>—</u> Min. <u>—</u>                             |       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House wife &amp; Cook</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br><u>ATLANTA, MO</u>      |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S. A</u>   |       |  |
| 13. FATHER'S NAME<br><u>Mathew TANhey</u>  |                                  |   |   | 14. MOTHER'S MAIDEN NAME<br><u>MARY JANE Thatcher</u>  |   |  |  |       |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)   |                                  |   | 16. SOCIAL SECURITY NO.<br><u>726-05-8163</u>   |  | 17. INFORMANT<br><u>ROSCOE TANhey - ATLANTA-MO.</u><br>Address        |  |  |       |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma pulmonary</u>  |                                  |   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 year</u>  |       |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |                                  |   |   |  |   |  | DUE TO (b) _____   |       |  |
|  |                                  |   |   |  |   |  | DUE TO (c) _____   |       |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)<br><u>Cardiac involvement secondary to Ca</u>   |                                  |   |   |  |   |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u> |       |  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><u>163X</u> |  |   |  |  |       |  |
| 20c. TIME OF INJURY<br>Hour _____ Month, Day, Year _____<br>a. m. _____ p. m. _____  |                                  |   |   |  |   |  |  |       |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION   |   | COUNTY   |  | STATE |  |
| 21. I attended the deceased from <u>12 April 57</u> to <u>17 April 57</u> and last saw her <sup>her</sup> <sub>alive</sub> on <u>17 April 57</u><br>Death occurred at <u>5:25 P.</u> m. on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |   |  |  |       |  |
| 22a. SIGNATURE (Degree or title)<br><u>Donald E Eggleston MD.</u>  |                                  |   |   | 22b. ADDRESS<br><u>Macon, Missouri</u>   |   |  | 22c. DATE SIGNED<br><u>20 April 57</u>   |       |  |
| 23a. BURIAL, CREMATION, REINTERMENT (Specify)  |                                  | 23b. DATE   | 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)                         |  |  |       |  |
| <u>BURIAL</u>  |                                  | <u>4-21-1957</u>  | <u>MT. TABOR</u>  |  | <u>ATLANTA, MO</u>  |  |  |       |  |
| 24. FUNERAL DIRECTOR ADDRESS<br><u>Theo H. Goodding - ATLANTA, MO</u>  |                                  |   |   | 25. DATE RECD. BY LOCAL REG.<br><u>4/20/57</u>   |   | 26. REGISTRAR'S SIGNATURE<br><u>Ruth M. Reilly</u>                                   |  |       |  |

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-56

85

JUL 7 1958

MAR 26 1958

County File No. 55762  
Date Filed 5-1-57

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~~ *Thos H. Goodding*, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Thos H. Goodding* .....  
Licensed Embalmer No. 398

P. O. Address *Atlanta,* .....

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.