

Health, Welfare  
Public  
Service

FILED JUL 15 1957

STANDARD CERTIFICATE OF DEATH

20010  
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 74

300  
1-51  
male

|  |                                  |   |   |  |  |   |   |
|--|----------------------------------|---|---|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Bates</u>  |                                  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> |  |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Butler</u>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY<br>OR<br>TOWN <u>Butler</u> <u>0271</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<br>INSTITUTION <u>527 W. Ohio</u>   |                                  |   | Length of stay in lb<br><u>65 yrs.</u>  | d. STREET<br>ADDRESS <u>527 W. Ohio</u>  |  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br><u>Melisia</u> <u>Ellen</u> <u>Thomas</u>  |                                  |   | First   | Middle   | Last   | 4. DATE<br>OF<br>DEATH <u>May 28, 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>12-11-1879</u>  |  | 9. AGE (In years<br>last birthday) <u>77</u>  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done<br>during most of working life, even if retired)<br><u>Housewife</u>   |                                  | 10b. KIND OF BUSINESS OR<br>INDUSTRY<br><u>Home</u>   |   | 11. BIRTHPLACE (City and state or country)<br><u>Jackson Co., Kansas</u>   |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>Hamilton McFadden</u>   |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Jane Dillon</u>   |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Wm. Henry Thomas</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, name unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                  |   | 16. SOCIAL SECURITY NO.   |  | 17. INFORMANT<br>Address<br><u>William Thomas</u> <u>Butler, Mo.</u> |   |   |
| 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>Stroke pulmonary edema</u>   |                                  |   |   |  |  | INTERVAL BETWEEN<br>ONSET AND DEATH<br><u>24 hrs</u>  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Chronic myocarditis</u>  |                                  |   |   |  |  |   |   |
| DUE TO (c)   |                                  |   |   |  |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |                                  |   |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/><br><u>None</u>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>None</u> |  |  |   |   |
| 20c. TIME OF INJURY.<br>Hour Month, Day, Year<br>a.m. p.m.<br><u>None</u>  |                                  |   |   |  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> HOME <input type="checkbox"/> WORK <input type="checkbox"/><br>AT <u>None</u>   |                                  | 20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)<br><u>None</u>  |   | 20f. CITY, TOWN, OR LOCATION<br><u>Butler</u>  |  | COUNTY <u>Bates</u> STATE <u>Mo.</u>  |   |
| 21. I attended the deceased from <u>July 4, 1957</u> to <u>5/28/57</u> and last saw her alive on <u>5/28/57</u><br>Death occurred at <u>4:30</u> P.M. on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |  |  |   |   |
| 22a. SIGNATURE<br>(Degree or title)<br><u>Douglas Ronald Reid</u>  |                                  |   |   | 22b. ADDRESS<br><u>Butler, Mo.</u>   |  | 22c. DATE SIGNED<br><u>5/31/57</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                                  | 23b. DATE<br><u>5-31-57</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oakhill Cem.</u>   |  |  | 23d. LOCATION (City, town, or county)<br><u>Butler, Mo.</u>                                       |   |
| 24. FUNERAL DIRECTOR<br><u>Culver-Underwood</u>  |                                  |   | ADDRESS<br><u>Butler, Mo</u>  |  | 25. DATE RECD. BY LOCAL REG.<br><u>May 31-57</u>                     | 26. REGISTRAR'S SIGNATURE<br><u>Rudolf Korny</u>  |   |

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

7-1

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 *Robert G. Steinbeck* .....

Licensed Embalmer No. *4657* .....  
P. O. Address *Butler, Pa.* .....

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.