

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25295

FILED AUG 12 1957

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 258

Health, Welfare
Public
Service

300
9-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Marceline</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>113 W. Hauser</u> Length of stay in lb <u>27 yrs.</u> | | d. STREET ADDRESS (If outside, give location) <u>113 W. Hauser</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>Ora</u> Middle <u>Rebecca</u> Last <u>Thomas</u> | | | 4. DATE OF DEATH Month <u>July</u> Day <u>25</u> Year <u>1957</u> |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Feb. 19, 1893</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher & Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>6</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. |
| 11. BIRTHPLACE (City and state or country) <u>Linn Co., Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13. FATHER'S NAME <u>Harman Van Tiger</u> | | 14. MOTHER'S MAIDEN NAME <u>Elizabeth R. Overstreet</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. <u>none</u> | 17. INFORMANT Address <u>Henry Thomas 113 W. Hauser</u> |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Septicemia</u> DUE TO (b) <u>Ascending pyelonephritis</u> DUE TO (c) <u>6000</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>1) Generalized arteriosclerosis & myocardial ischemia</u> <u>4) Heat exhaustion</u> <u>2) Rheumatoid arthritis (severe)</u> <u>3) Extensive decubitus ulcers</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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.) | |
| 20c. TIME OF INJURY Hour <u>12:30</u> Month <u>July</u> Day <u>25</u> Year <u>1957</u> 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>July 1954</u> to <u>July 25 1957</u> and last saw her <u>alive</u> on <u>July 25, 1957</u> Death occurred at <u>12:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>George J. Jarym</u> | | 22b. ADDRESS <u>Marceline, Missouri</u> | 22c. DATE SIGNED <u>7-26-57</u> |
| 23a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>July 27, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Boston</u> | 23d. LOCATION (City, town, or county), (State) <u>New Boston Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Marceline</u> <u>Jas McLaughlin</u> | | 25. DATE RECD. BY LOCAL REG. <u>7-27-57</u> | 26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u> |

(Licensed Embalmer's Statement on Reverse Side)

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 *Billy J. Skinner*.....

Licensed Embalmer No...42

P. O. Address... *M. J. ...*

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.