

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30733

STATE FILE NUMBER

FILED OCT 9 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <u>Andrew</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR <u>Mexico</u> Yes ☒ No ☐				c. CITY OR TOWN <u>Centralia</u> Inside Limits Yes ☒ No ☐			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTE <u>Andrew Co. Hosp.</u> <u>6 days</u>				d. STREET ADDRESS (If outside, give location) Reside on Farm <u>230 S. Hickman</u> Yes ☐ No ☒			
3. NAME OF DECEASED (Type or print) First <u>Thaisa</u> Middle <u>Mae</u> Last <u>Sims</u>				4. DATE OF DEATH Month <u>Oct.</u> Day <u>3</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐		8. DATE OF BIRTH <u>Feb. 5-1872</u>	
9. AGE (In years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and state or country) <u>Andrew Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13. FATHER'S NAME <u>Ambrose Hulsh</u>				14. MOTHER'S MAIDEN NAME <u>Sarah Willis Daniel</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yrs. no. or unknown) (If yrs. give year or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>C. Willis Irving, Centralia, Mo.</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>Pulmonary embolus</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Post surgical thrombo-phlebitis</u> DUE TO (c) <u>Acute cholecystitis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I:(a) <u>Arteriosclerotic heart disease with heart failure</u>							INTERVAL BETWEEN ONSET AND DEATH <u>INSTANTANEOUS</u>
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒							
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <u>Hour</u> Month <u>Month</u> Day <u>Day</u> Year <u>Year</u> a. m. <u>a. m.</u> p. m. <u>p. m.</u>							
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		STATE	
21. I attended the deceased from <u>9/27/57</u> to <u>10/3/57</u> and last saw her alive on <u>10/3/57</u> Death occurred at <u>10:45 a. m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Louis A. Butler M.D.</u>				22b. ADDRESS <u>Centralia, Mo.</u>		22c. DATE SIGNED <u>10/4/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10/5/57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Louis J. Bellus, Centralia, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 4. 1957</u>		26. REGISTRAR'S SIGNATURE <u>Blanche Neely</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

JUL 10 1958

OCT 23 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 Paul D. Bell

Licensed Embalmer No. 40

P. O. Address Centralia

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.