

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32692**

No. 300
10.48

FILED OCT 10 1957

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **5761** Registrar's No. **41**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ralls	
b. CITY (If outside corporate limits, write RURAL and give town) Palmyra R.		c. CITY OR TOWN New London	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yrs.		STREET ADDRESS (If rural, give location) 2870	
d. FULL NAME OF HOSPITAL OR INSTITUTION MAPLE LAWN REST HOME PALMYRA Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL	b. (Middle) D.	c. (Last) THOMAS	4. DATE OF DEATH (Month) (Day) (Year) OCT 4 1957
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5. SEX M	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH FEB. 15 1872	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER (RETIRED)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) PARIS MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME SMITH THOMAS	13b. MOTHER'S MAIDEN NAME MARY BROWN	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Drake Nepledown East Hwy Palmyra	ADDRESS Palmyra
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene Right Leg		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4501
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Sept. 27**, 19**57**, to **Oct. 4**, 19**57**, that I last saw the deceased alive on **Oct 4**, 19**57**, and that death occurred at **6 45** m., from the causes and on the date stated above.

23a. SIGNATURE E. M. Lucke	(Degree or title) M.D.	23b. ADDRESS Humboldt Mo.	23c. DATE SIGNED Oct 5 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 6 1957	24c. NAME OF CEMETERY OR CREMATORY Mt. Sterling Cemetery	24d. LOCATION (City, town, or county) (State) New London Rural Mo.
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DATE REC'D BY LOCAL REG. 10-7-57	REGISTRAR'S SIGNATURE E. M. Lucke	25. FUNERAL DIRECTOR'S SIGNATURE Mr. M. J. Green	ADDRESS St. Louis Mo.
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED OCT 8 1957

MARION CO. HEALTH DEPT.

DATE FILED OCT 8 1957

NOV 2 1957

NOV 19 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 Jane Julia Meyer
Licensed Embalmer No. 409

P. O. Address Frankfort

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.