

FILED OCT 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32919

Registrar's No. 420

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i>	
b. CITY OR TOWN <i>Sedalia</i>		b. COUNTY <i>Pettis</i>	
c. LENGTH OF STAY (in this place) <i>2, 1950</i>		c. CITY OR TOWN <i>Sedalia</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bothwell Memorial Hosp.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED a. (First) <i>BETTY</i>		c. (Last) <i>Thomas</i>	
b. (Middle) <i>MAE</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>Oct. 4, 1957</i>	

5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2 Aug 1893</i>	9. AGE (In years last birthday) <i>64</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 60 MINS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>home</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Cooper Co., Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>George Tucker</i>		13b. MOTHER'S MAIDEN NAME <i>Lora Farmer</i>		14. NAME OF HUSBAND OR WIFE <i>Jack Thomas</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Miss Betty Tucker, Sedalia, Mo.</i>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal Obstruction</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Pelvic Mass</i>			
		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? <i>2</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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)	
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?	
22. I hereby certify that I attended the deceased from <i>22 Sept 1957</i> , to <i>4 Oct 1957</i> , that I last saw the deceased alive on <i>4 Oct 1957</i> , and that death occurred at <i>9:40 p.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Carl Ridge</i>		23b. ADDRESS <i>1216 West 18th St. Sedalia, Mo.</i>		23c. DATE SIGNED <i>7 Oct 57</i>	

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7 Oct 1957</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park</i>		24d. LOCATION (City, town, or county) (State) <i>Sedalia, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>10-7-57</i>		REGISTRAR'S SIGNATURE <i>Frances Shelby</i>		GENERAL DIRECTOR'S SIGNATURE <i>W. J. ...</i>		ADDRESS <i>... Sedalia</i>	

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

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 L. Fuller*.....

Licensed Embalmer No. *4818*.....

P. O. Address *Sedalia, Mo.*.....

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.