

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2228

FILED FEB 14 1958

STATE FILE NUMBER

Registration District No. 272 Primary Registration District No. 1907 Registrar's No. 2

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Fremont</u> | | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before institution) a. STATE <u>MO</u> b. COUNTY <u>Fremont</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Coates TWP</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Coates</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u> | | d. STREET ADDRESS (If outside, give location) <u>1 mi N Coates</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First <u>ALMA</u> Middle <u>M</u> Last <u>THURMON</u> | | 4. DATE OF DEATH Month <u>2</u> Day <u>1</u> Year <u>58</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>negro</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-22-1897</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u> | | 9b. AGE (In years) <u>60</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>09</u> IF UNDER 24 HRS: Hours <u>00</u> Min. <u>00</u> | 10. KIND OF BUSINESS OR INDUSTRY <u>Home</u> |
| 11. BIRTHPLACE (City and state or country) <u>Merrittton, Ark!</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>John Davis</u> | | 14. MOTHER'S MAIDEN NAME <u>Mary Olson</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>no</u> | |
| 17. INFORMANT <u>Virginia Price Caruthersville, MO</u> | | Address | |
| 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>Cancer of Stomach - metastatic</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>undkn</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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.) <u>151x</u> | | |
| 20c. TIME OF INJURY Hour _____ a. m. _____ p. m. | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | | |
| 21. I attended the deceased from <u>Feb 1, 1958</u> to <u>Feb 1, 1958</u> and last saw her <u>alive</u> on <u>1 Feb 58</u> Death occurred at <u>10A m</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>F. L. Smith</u> (Print or type) | | 22b. ADDRESS <u>Camden, MO</u> | 22c. DATE SIGNED <u>2/4/58</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 23b. DATE <u>2-2-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Chapman</u> | 23d. LOCATION (City, town, or county) (State) <u>Caruthersville MO</u> |
| 24. FUNERAL DIRECTOR <u>F. L. Smith</u> ADDRESS <u>St. Louis, MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-1-58</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

2-52-58

FEB 13 1958

DELAWARE COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. M. Hill*

Licensed Embalmer No. *762*

P. O. Address *Lillbourn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (I
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.