

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-022396

STATE FILE NUMBER

FILED JUL 15 1958

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>Lafayette</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Lafayette</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lexington</b>		c. CITY OR TOWN <b>Lexington</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <b>Lexington Memorial Hospital</b>		d. STREET ADDRESS <b>1515 Poplar</b>	
3. NAME OF DECEASED (Type or print) First <b>Matilda</b> Middle <b>Thoman</b> Last <b>Thoman</b>		4. DATE OF DEATH Month <b>June</b> Day <b>13</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>January 12, 1876</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	9b. KIND OF BUSINESS OR INDUSTRY <b>homemaker</b>	9c. AGE (In years last birthday) <b>82</b>	9d. IF UNDER 1 YEAR IF UNDER 24 HRS. Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>
10. FATHER'S NAME <b>Felix Thoman</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	
12. MOTHER'S MAIDEN NAME <b>Augusta Meyer</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. SOCIAL SECURITY NO. <b>None</b>	
15. INFORMANT <b>Edward Thoman, Lexington, Missouri</b>		16. 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) <b>Last-operative - Amputation st. leg.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>unk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic heart disease with</b>			
DUE TO (c) <b>congestive failure.</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>Psoriasis</b>			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.)		
20c. TIME OF INJURY Hour <b>6:15 AM</b> Month <b>6</b> Day <b>13</b> Year <b>1958</b>			
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 <b>6/5/58</b> to <b>6/13/58</b> and last saw her alive on <b>6/13/58</b> Death occurred at <b>6:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joe W Ward MD</b>		22b. ADDRESS <b>Lexington, Mo</b>	22c. DATE SIGNED <b>6/25/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>June 15, 1958</b>	<b>Memorial Park</b>	<b>Lexington, Mo.</b>
24. FUNERAL DIRECTOR <b>Robert T. Tempel, Lexington, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-28-58</b>	26. REGISTRAR'S SIGNATURE <b>Thomas S. Campbell</b>

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service  
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All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

