

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035312

STATE FILE NUMBER

FILED OCT 6 1958 Registration District No. 573 Primary Registration District No. 6270 Registrar's No. 37

300
1-57

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION		c. CITY OR TOWN NIANQUA STREET	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS 6 MI EAST	

3. NAME OF DECEASED (Type or print) First IDA Middle B Last THOMAS			4. DATE OF DEATH Month SEPT Day 21 Year 1958		
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH APR 19 1880	9. AGE (In years last birthday) 78	FUNDER 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) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME CHARLES DUDLEY	13b. MOTHER'S MAIDEN NAME JANE CAPPS	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	SOCIAL SECURITY NO.	17. INFORMANT GEORGE THOMAS NIANQUA	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Liver.		INTERVAL BETWEEN ONSET AND DEATH 1 year
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Primary Ca. of the liver. DUE TO (c) 1550		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Nephritis		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from Jan 7, 1953 , to 21 Sept 58 and last saw her alive on 19 Sept 58 Death occurred at 945 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. M. Macdonnell M.D. (Degree or title)	22b. ADDRESS Marshfield Mo.	22c. DATE SIGNED 25 Sept 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 9-24-1958	23c. NAME OF CEMETERY OR CREMATORY PROSPECT	23d. LOCATION (City, town, or county) (State) WEBSTER CO MO
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24. FUNERAL DIRECTOR BARBER-EDWARDS MARSHFIELD	ADDRESS	25. DATE RECD. BY LOCAL REG. 9-25-58	26. REGISTRAR'S SIGNATURE J. Franca
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 9 1958

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 *W. Barber*

Licensed Embalmer No. *3848*
P. O. Address *Marion, W. Va.*

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.