

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040525

STATE FILE NUMBER

FILED DEC 10 1958 Registration District No. 167 Primary Registration District No. 5609 Registrar's No. 59

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rose Hill Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Holden, Missouri
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D. Holden, Mo		Length of stay in 1b 28 years	d. STREET ADDRESS (If outside, give location) R.F.D. Holden, Mo.
3. NAME OF DECEASED (Type or print) First THOMAS Middle HOWARD Last FAMILINER			4. DATE OF DEATH Month Dec. Day 4, Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1910 Aug 24, 1958
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY own farm	9. AGE (In years last birthday) 48
11. BIRTHPLACE (City and state or country) Garden City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Thomas Robert FAMILINER		14. MOTHER'S MAIDEN NAME Anna Laura Campbell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. XXXX	
17. INFORMANT Helen E. FAMILINER, Holden, Missouri			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) Multiple Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 12 Mo
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"/> 2
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.) ITEM 3 CORRECTED BY AFFIDAVIT OF Funeral Director 1-9-59 del
20c. TIME OF INJURY Hour a. m. p. m.	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 Dec 3 1958 to Dec 4 1958 and last saw <sup>her</sup> him alive on Dec 3 1958 Death occurred at 4 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Kelly Rawlins M.D.		22b. ADDRESS Holden Mo	
22c. DATE Dec 5 1958		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Dec 6, 1958	23c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	23d. LOCATION (City, town, or county) (State) Latour, Missouri
24. FUNERAL DIRECTOR Canaday and Ropp, Holden, Mo.		25. DATE RECD. BY LOCAL REG. 12-6-58	26. REGISTRAR'S SIGNATURE Mrs. G. V. Redford

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

150

0981 6 1 1910

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 *M. L. Canaday*

Licensed Embalmer No. *343*

P. O. Address *Holden*

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