

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013798

STATE FILE NUMBER

FILED MAY 1 1959 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Seneca 0730	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 316 Fulton		Length of stay in 1b 1 yr.	
d. STREET ADDRESS		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Ora Middle Myrtle Last Thomas			4. DATE OF DEATH Month April Day 21 Year 1959
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 June 26, 1879
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) 80 IF UNDER 1 YEAR: Months 0 Days 0 Hours 0 Min. 0 IF UNDER 24 HRS. 0
11. BIRTHPLACE (City and state or country) Uniontown, Kas.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Johnson P. Hull		14. MOTHER'S MAIDEN NAME Anna L. Houchens	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-22-9701	
17. INFORMANT Mrs. J.L.Counts, 1302N.Main,Miami		Address Okla	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia DUE TO (b) Arteriosclerosis & renal failure DUE TO (c) Senility, advanced PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Senility, advanced			INTERVAL BETWEEN ONSET AND DEATH 1-2 wks unknown
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 11:45 Month April Day 21 Year 1959 a. m. A. 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 Carthage, Mo.		COUNTY Seneca STATE Missouri
21. I attended the deceased from 4-13-58 to April 21-59 and last saw her alive on 4-18-59 Death occurred at 11:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ora Myrtle Thomas (Type or print)		22b. ADDRESS Carthage, Mo.	22c. DATE SIGNED 4-23-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 4/23/59	23c. NAME OF CEMETERY OR CREMATORY Seneca Cemetery	23d. LOCATION (City, town, or county) (State) Seneca, Missouri
24. FUNERAL DIRECTOR W. P. Williams ADDRESS Seneca Mo		25. DATE RECD. BY LOCAL REG. 4-23-59	26. REGISTRAR'S SIGNATURE Elm Clinton

(Licensed Embalmer's Statement on Reverse Side)

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

Birth, welfare, public service

00 56

X

0

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..... *Edwin C. [Signature]*

Licensed Embalmer No. *[Signature]*

P. O. Address *[Signature]*

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.