

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018656

STATE FILE NUMBER

FILED JUN 1 1959

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Sedalia</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Sedalia</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Bothwell</i>		Length of stay in lb <i>4 Wks.</i>		d. STREET ADDRESS <i>311 E. Cooper</i>		(If outside, give location) Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Myrtle</i> Middle Last <i>Thomas</i>				4. DATE OF DEATH Month <i>May</i> Day <i>22</i> Year <i>1959</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Negro</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Jan. 23, 1895</i>	9. AGE (In years last birthday) <i>64 yrs.</i>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (City and state or country) <i>Dresden, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Richard Brown</i>				14. MOTHER'S MAIDEN NAME <i>Mary Price</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Allen Thomas Sedalia, Mo.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Staphylococcus Septicemia</i>						INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Abscess lumbar spine</i>		DUE TO (c) <i>Diabetes Mellitus</i>		<i>7 weeks improvement</i>	
PART II. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Arterio Cardiovascular Disease</i>						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 AND WHERE OCCURRED <i>General Hospital, Dresden, Mo.</i>					
20c. TIME OF INJURY Hour <i>2:30 p.m.</i> Month, Day, Year		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 <i>Sedalia Mo</i>	
20g. 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 <i>Sedalia Mo</i>		20g. COUNTY <i>Pettis</i>	
20h. STATE <i>Mo.</i>		21. I attended the deceased from <i>April 25-59 to May 22-59</i> and last saw her alive on <i>5-22-59</i> Death occurred at <i>5:22-59</i> <i>2:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>A. R. Maddox M.D.</i>				22b. ADDRESS <i>Sedalia Mo</i>		22c. DATE SIGNED <i>5-25-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>May 26, 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Dresden Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Dresden Mo.</i>	
24. FUNERAL DIRECTOR <i>Miss Reynolds</i>		ADDRESS <i>400 W. Cooper</i>		25. DATE RECD. BY LOCAL REG. <i>5/25/1959</i>		26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-56

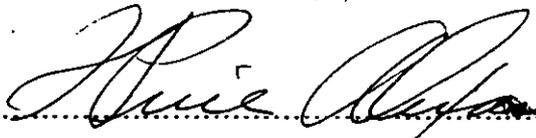
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

5-11

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 .....

Licensed Embalmer No. 411

P. O. Address Sedalia

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.