. Health,
& Welfare
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-020594
STATE FILE NUMBER

FILED JUN 30 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 175

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FULTON — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: CALLAWAY-Hospital — Length of stay in 1b: 36 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: CALLAWAY
c. CITY OR TOWN: FULTON — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): R#2 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Lizzie- Middle: FLORENCE- Last: THOMAS-

4. DATE OF DEATH: Month: June- Day: 22 Year: 1959

5. SEX: Female **6. COLOR OR RACE**: White **7. MARRIED** [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: 23 Oct- 1881 **9. AGE** (In years last birthday): 77 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife **10b. KIND OF BUSINESS OR INDUSTRY**: At-Home. **11. BIRTHPLACE** (City and state or country): Miller-Co- Mo **12. CITIZEN OF WHAT COUNTRY?**: U.S.A

13a. FATHER'S NAME: John-Topping- **13b. MOTHER'S MAIDEN NAME**: Rhoda- Davidson- **14. NAME OF HUSBAND OR WIFE**: FRANK- THOMAS-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NOVE **16. SOCIAL SECURITY NO.**: NONE **17. INFORMANT**: L.W. MORRISON- Address: FULTON- Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Myocardial Degeneration — 3 yrs
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Cerebral Hemorrhage 4222

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **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 June 5 1959, to Death and last saw her/him alive on 6-22-59. Death occurred at 10:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Brown M.D. **22b. ADDRESS**: Fulton Mo **22c. DATE SIGNED**: 6-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 24 June-1959 **23c. NAME OF CEMETERY OR CREMATORY**: Hawkins Cemetery **23d. LOCATION** (City, town, or county): Brumley Miller-Co **(State)**: Mo

24. FUNERAL DIRECTOR: Keith McKay **ADDRESS**: Eldon- Mo **25. DATE RECD. BY LOCAL REG.**: June 23-1959 **26. REGISTRAR'S SIGNATURE**: Maretta Lawrence

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Keith M Kays

Licensed Embalmer No. 3998

P. O. Address Eldon Mo

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.