

UNIVERSITY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-002300

ENDED

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Laclede			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Length of stay in 1b 5 yrs.	c. CITY OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wallace Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 855 N. Jefferson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle MAUDE Last THOMAS			4. DATE OF DEATH Month Jan. Day 9, Year 1960			
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 6/19/89	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and state or country) Burlingame, Kan.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James R. Pyle		13b. MOTHER'S MAIDEN NAME Ada Simpson		14. NAME OF HUSBAND OR WIFE Edward J. Thomas		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO. 498-42-8983	17. INFORMANT Address Mrs. O.K. Getty, Lebanon, Mo.			
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 2 yrs.	
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)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 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 <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 May 1958 to Jan 9, 1960 and last saw her ^{her} him alive on Jan 9, 1960 Death occurred at 12:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE J. H. Johnson (Degree or title) MD			22b. ADDRESS Lebanon Mo		22c. DATE SIGNED 1-17-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/11/60	23c. NAME OF CEMETERY OR CREMATORY Mt. Rose Memorial Park		23d. LOCATION (City, town, or county) (State) Laclede County MO.		
24. FUNERAL DIRECTOR S. R. Palmer ADDRESS Lebanon Mo			25. DATE RECD. BY LOCAL REG. 1-11-1960	26. REGISTRAR'S SIGNATURE Hella L. Hlay		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

S. P. Palmer

Licensed Embalmer No. _____

2208

P. O. Address _____

Lebanon

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.