

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020188

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 100

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF

LEAD CAUSE OF DEATH 6 1961

a. COUNTY **Vernon**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Nevada, Missouri** Length of stay in 1b **50 Yrs.**

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Nevada Hospital** Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Vernon**

c. CITY OR TOWN **Nevada, Missouri** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **422 West Allison St.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

Maude Pearl Thomas **May 30 1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **8-28-1885** 9. AGE (last birthday) **75** IF UNDER 1 YEAR IF UNDER 24 HR

9 Months **2** 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 ----- 11. BIRTHPLACE (City and state or country) **Warrensburg, Missouri** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Wm. M. Griffin** 13b. MOTHER'S MAIDEN NAME **Mary Campbell** 14. NAME OF HUSBAND OR WIFE **Frank B. 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. **none** 17. INFORMANT **Frank B. Thomas, Husband, Nevada, Mo.** **422 West Allison, St.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Carcinomatosis of Abdomen** INTERVAL BETWEEN ONSET AND DEATH **6 mos.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Primary carcinoma of stomach with metastasis** **6 mos.**

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 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 **Sept. 27, 1960** to **May 30, 1961** and last saw her ~~xxx~~ alive on **May 29, 1961** Death occurred at **Nevada, Missouri 10:30 A.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **R. B. Gray, M.D., F.I.C.S.** 22b. ADDRESS **Moore Bldg., Nevada, Missouri** 22c. DATE SIGNED **5/31/1961**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6-2-1961** 23c. NAME OF CEMETERY OR CREMATORY **Newton Burial park Nevada** 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR **Hays Funeral Service, Inc.** ADDRESS **Nevada, Missouri** 25. DATE RECD. BY LOCAL REG. **June 1st - 1961** 26. REGISTRAR'S SIGNATURE **James E. Ferry**

(Licensed Embalmers' Statement on Reverse Side)

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 Richard J. Griffin

Licensed Embalmer No. 5053

P.O. Address St. Louis, 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.