MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028272
STATE FILE NUMBER

AMENDED

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 199

FILED SEP 12 1961

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mexico — Length of stay in Ib 10 Wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Audrain
c. CITY OR TOWN Laddonia — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4Mi.S.W.Of Laddonia,Mo. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Annie Middle: Pauline Last: Thomas
4. DATE OF DEATH Month Day Year: 9-4-1961
5. SEX: Fe Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-27-189
9. AGE (last birthday): 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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:
11. BIRTHPLACE (City and state or country): Audrain County, Mo.
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Wm Kennedy
13b. MOTHER'S MAIDEN NAME: Amanda Klareback
14. NAME OF HUSBAND OR WIFE: John Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Lawrance Thomas — Address: Mexico, Mo. R.R.1

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) Carcinoma of Cervix — INTERVAL BETWEEN ONSET AND DEATH 2 years
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. ☐ 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 Oct 3 1958, to Sept 4 1961 and last saw her/him alive on Sept 4 1961
Death occurred at 4 PM 9-4-61 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) O L Garrison D
22b. ADDRESS Mexico Mo
22c. DATE SIGNED 9-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-7-1961
23c. NAME OF CEMETERY OR CREMATORY: St. Brendan Cemetery
23d. LOCATION (City, town, or county) (State): Mexico, Mo.

24. FUNERAL DIRECTOR: Wilkey & bienhoff — ADDRESS: Laddonia, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 6-1961
26. REGISTRAR'S SIGNATURE: Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED
BY AFFIDAVIT OF DOCUMENT

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 Clyde C. Wickey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.