No. 300
10.48

FILED MAY 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14973

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 567

1. PLACE OF DEATH
a. COUNTY: BUCHANAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
c. LENGTH OF STAY (In this place): 50 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME 905 W. VALLEY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: BUCHANAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JOSEPH
d. STREET ADDRESS (If rural, give location): 905 W. VALLEY

3. NAME OF DECEASED (Type or Print)
a. (First): BARBARA
b. (Middle):
c. (Last): THOMAS

4. DATE OF DEATH (Month) (Day) (Year): MAY 19 1949

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~MARRIED, NEVER MARRIED~~, WIDOWED, ~~DIVORCED~~ (Specify): 2
8. DATE OF BIRTH: MAY 20, 1873
9. AGE (In years last birthday): 75
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): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): VIENNA, AUSTRIA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: ~~[illegible]~~ NICHOLAS BRUSEC
13b. MOTHER'S MAIDEN NAME: KATE JUSANICK
14. NAME OF HUSBAND OR WIFE: JOHN THOMAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: CATHERINE THOMAS
ADDRESS: 905 W. VALLEY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): INFLUENZA — FEB. 1949
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 491X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ST.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-18 *1949, to* 5-19 *, 1949, that I last saw the deceased alive on* 5-19 *, 1949, and that death occurred at* 9:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Gross
(Degree or title): DO
23b. ADDRESS: 5008 King Hill St. Joseph
23c. DATE SIGNED: 5-19-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-23-1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: May 20, 1949
REGISTRAR'S SIGNATURE: G. C. Jenkins
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25. FUNERAL DIRECTOR'S SIGNATURE: John E. Rupp
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed John E. Rupp

Signed .....
Student Embalmer

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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 this body is not embalmed, fact should be so stated above.