

FILED DEC 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40461**
 BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **434**

1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. LENGTH OF STAY (in this place) 59 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			d. STREET ADDRESS (If rural, give location) 411 South Sprigg Street		
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) LOUISE c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) December 22, 1949		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH February 2, 1890	9. AGE (In years last birthday) 59	10. MONTHS 10 11. DAYS 20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Checker at Laundry Rigdon Laundry		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Scott County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME John T. Thomas		13b. MOTHER'S MAIDEN NAME Elizabeth Gerst	
14. NAME OF HUSBAND OR WIFE No		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-20-6849	
17. INFORMANT'S SIGNATURE OR NAME Miss. Hattie Thomas		ADDRESS Cape Girardeau,			
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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure			INTERVAL BETWEEN ONSET AND DEATH Seven Mo.		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic heart disease					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 28, 1949 , to Dec 22, 1949 , that I last saw the deceased alive on Dec 22, 1949 , and that death occurred at 9:15 p.m. from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Charles F. Wilson M.D.		23b. ADDRESS 717 Broadway Cape Girardeau Mo.		23c. DATE SIGNED 12-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 26, 1949		24c. NAME OF CEMETERY OR CREMATORY St. Marys Cem.	
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Walters Funeral Home		ADDRESS Cape Girardeau, Mo.	
DATE REC'D BY LOCAL REG. 12-23-49		REGISTRAR'S SIGNATURE G. C. Summer		44	

(Licensed Embalmer's Statement on Reverse Side)

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

16
416
4
5

RECEIVED 12-27-49

Health Officer No. 4

District File Number 1249-1706

Date Filed

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 Student Embalmer

Signed Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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.