

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42007

FILED JAN 12 1950

BIRTH NO. _____		REG. DIST. NO. <u>274</u>		PRIMARY REG. DIST. NO. <u>5930</u>		Registrar's No. <u>445</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY PETTIS				a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HUGHESVILLE				b. COUNTY Pettis			
c. LENGTH OF STAY (in this place) Life				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville			
d. FULL NAME OF HOSPITAL OR INSTITUTION Route # 1, Hughesville				d. STREET ADDRESS (If rural, give location) Route # 1			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) SALLIE			b. (Middle) MATILDA			c. (Last) THOMAS	
(Type or Print)			Dec 20, 1949				
5. SEX Fe	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 26, 1884	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Months 8 Days 24	IF UNDER 14 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		11. BIRTHPLACE (State or foreign country) Knob Noster, Missouri		
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME William Kirkman		13b. MOTHER'S MAIDEN NAME Louise Mackler		14. NAME OF HUSBAND OR WIFE W.H. Kirkman 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'S SIGNATURE OR NAME ADDRESS W.H. Kirkman Thomas R#1, Hughesville, Mo			
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia 10 Days			
ANTECEDENT CAUSES				DUE TO (b) Bronchiectasis 3 Years			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS				490X			
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?		
					YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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) (Min.)		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 <u>Sep 2</u> , 19 <u>49</u> , to <u>Dec 19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 19</u> , 19 <u>49</u> , and that death occurred at <u>9:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <i>John M. S. Smith M.D.</i>				23b. ADDRESS Houstonia RFD, 1 Mo.		23c. DATE SIGNED 12-23-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-49	24c. NAME OF CEMETERY OR CREMATORY High Point		24d. LOCATION (City, town, or county) (State) Hughesville, Missouri		
DATE REC'D BY LOCAL REG. 12-23-49		REGISTRAR'S SIGNATURE <i>Betty Yeager</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. H. Heckart Sedalia Mo.</i>			

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

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6
7

80
6
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JAN 4

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 1-11-50

JAN 12 1950

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 Frank S. Coffman Jr.

Licensed Embalmer No. 4559

P. O. Address Sedalia, 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.