

S. No. 300  
v. 10. 48

FILED MAR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9909

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5977 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY: Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Polk	
b. CITY (If outside corporate limits, write RURAL and give township): Aldrich		c. CITY (If outside corporate limits, write RURAL and give township): Aldrich	
c. LENGTH OF STAY (in this place):		d. STREET ADDRESS (If rural, give location): 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION:			

3. NAME OF DECEASED a. (First): Missouri b. (Middle): Tennessee c. (Last): Thomas			4. DATE OF DEATH (Month) (Day) (Year): March 9 1950		
5. SEX: female		6. COLOR OR RACE: white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married	
8. DATE OF BIRTH: Feb. 16 1877		9. AGE (In years last birthday): 73		10. CITIZEN OF WHAT COUNTRY?: U.S.A.	
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 (State or foreign country): Polk County, Mo.	

13a. FATHER'S NAME: J.W. Crow		13b. MOTHER'S MAIDEN NAME: Louisia Jane Frieze		14. NAME OF HUSBAND OR WIFE: Walter U. 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.:		17. INFORMANT'S SIGNATURE OR NAME: Mrs May Neill, Aldrich, Mo.	

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): Congestive Heart Failure		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b): Hypertensive Heart Disease			
		DUE TO (c): atypical Verru Pneumonia			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	

19a. DATE OF OPERATION:		19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.):		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 Feb 1, 1950, to March 9, 1950, that I last saw the deceased alive on March 9, 1950, and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): G.D. Smith M.D.		23b. ADDRESS: Bolivar Mo.		23c. DATE SIGNED: Feb 20 50	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial		24b. DATE: 3-12-1950		24c. NAME OF CEMETERY OR CREMATORY: Lindley Prairie	
				24d. LOCATION (City; town, or county) (State): Bear Creek Mo.	

DATE REC'D BY LOCAL REG.:		REGISTRAR'S SIGNATURE: Ralph Gorden		25. FUNERAL DIRECTOR'S SIGNATURE: Juel Barker	
Mar 25, 1950				Erwin Blue, Fair Play, Mo.	

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 2.57-302

Date Filed 3-29-57

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 Edward B. Rein

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.