

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33392

0470
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | | | |
|---|-------------------------------|--|--|--|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>144</u> | | PRIMARY REG. DIST. NO. <u>4234</u> | | Registrar's No. <u>52</u> | | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> | | | | | | |
| b. CITY OR TOWN <u>Ironton</u> | | c. LENGTH OF STAY (in this place) <u>6 wks</u> | | c. CITY OR TOWN <u>Farmington</u> | | 0941 | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys of Ozarks Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>620 E College</u> | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mildred</u> b. (Middle) <u>Henrietta</u> c. (Last) <u>Thomure</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 13 1950</u> | | | | | | | |
| 5. SEX <u>Fe.</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Aug 10, 1902</u> | | 9. AGE (In years last birthday) <u>48</u> | if UNDER 1 YEAR Months <u>6</u> Days <u>10</u> | if UNDER 2 yrs. Hours <u></u> Min. <u></u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>Washington, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | | | |
| 13a. FATHER'S NAME <u>Henry A. Voot</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Katherine Weeks</u> | | 14. NAME OF HUSBAND OR WIFE <u>Clement E Thomure</u> | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Clement E Thomure, Farmington, Mo</u> | | | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | | | MEDICAL CERTIFICATION | | | | | | |
| <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bilateral bronchial pneumonia</u></p> <p>ANTECEDENT CAUSES</p> <p><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i></p> <p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>adeno-carcinoma of ovaries with metastasis (inoperable)</u></p> <p>DUE TO (c) _____</p> <p>II. OTHER SIGNIFICANT CONDITIONS</p> <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> | | | | | | |
| | | | | 19a. DATE OF OPERATION <u>6-4-50</u> | | | | 19b. MAJOR FINDINGS OF OPERATION <u>adeno-carcinoma of ovaries with metastasis (inopeable)</u> | | 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) | | 21f. HOW DID INJURY OCCUR? |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>7-8-50</u> , 19 <u> </u> , to <u>10-13-50</u> , 19 <u> </u> , that I last saw the deceased alive on <u>10-13-50</u> , 19 <u> </u> , and that death occurred at <u>7:28 AM.</u> , from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE <u>J.P. Harland, M.D.</u> (Degree or title) | | | | 23b. ADDRESS <u>Ironton, Missouri</u> | | 23c. DATE SIGNED <u>10-16-50</u> | | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>10/16/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran</u> | | 24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo.</u> | | | | | |
| DATE REC'D BY LOCAL REG. <u>Oct. 19, 1950</u> | | REGISTRAR'S SIGNATURE <u>Miss Anna Jones</u> 128 | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home, Farmington, Mo</u> ADDRESS | | | | | | |

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Paul K. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington, 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.