

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37577  
State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>3033</u>		Registrar's No. <u>372</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).			
a. COUNTY <u>Laclede</u>		b. CITY OR TOWN <u>Lebanon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Laclede</u>	
c. LENGTH OF STAY (in this place) <u>15 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Conway</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. # 1.</u>		d. CITY (If outside corporate limits, write RURAL and give township) <u>0530</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Friendly Nursing Home</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <u>Hannah</u>		b. (Middle) <u>Thomas</u>		c. (Last)		6. COLOR OR RACE <u>Female white</u>	
(Type or Print)				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 3, 1872</u>	
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>James Essary</u>			13b. MOTHER'S MAIDEN NAME <u>Lizzie Dill</u>			14. NAME OF HUSBAND OR WIFE <u>H. S. Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Custer Marshall</u> ADDRESS <u>Conway, Mo.</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Stroke</u>				<u>1 day</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardiac decompensation</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	
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)		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>11-9</u> , 19 <u>50</u> , to <u>11-13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>50</u> , and that death occurred at <u>2. A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Bohrer</u> (Degree or title)			23b. ADDRESS <u>802 Lebanon Mo</u>			23c. DATE SIGNED <u>11-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Conway Baptist</u>		24d. LOCATION (City, town, or county) (State) <u>Conway Laclede Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>11-16-1950</u>		REGISTRAR'S SIGNATURE <u>Hella R. Gray</u>		F. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Holman</u>		ADDRESS <u>Lebanon Mo.</u>	

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

Received ..... **NOV 18 1950** .....

Laclede County Health Unit

File No. .... *11-50-174* .....

Date Filed ..... **NOV 20 1950** .....

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**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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*

P. O. Address *Lebanon, 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.