

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40409

State File No.

FILED DEC 18 1950

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2000

396
0

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

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	
		d. STREET ADDRESS (If rural, give location) <u>506 W. Webster Street</u>	

0340
11

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u>		b. (Middle) <u>C.</u>		c. (Last) <u>THOMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 10, 1950</u>							
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>25 Dec. 1862</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Interlochen, Switzerland</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. H.B. Morrison, Springfield, Mo.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Several years.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>						Several years	
		DUE TO (c) <u>Fracture vertebral column by fall</u>						4-22-1 F 43 DAYS	
		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? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Springfield Greene Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct 29 1950</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall</u>			

22. I hereby certify that I attended the deceased from Oct 29, 1950, to Dec 10, 1950, that I last saw the deceased alive on Dec. 10, 19 50 and that death occurred at 1:40 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Daniel R. Goney M.D.</u> (Degree or title)		23b. ADDRESS <u>Springfield Mo</u>		23c. DATE SIGNED <u>Dec 11 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12 Dec 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Lawn Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>12-12-50</u>		REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frederic C. Thorne, Springfield, Mo.</u>	
--	--	--	--	--	--

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.....

Ralph A. Thomas

Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri.

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.