

FILED MAY 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

15891

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VAN BUREN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>VAN BUREN</u> <u>0180</u>	
c. LENGTH OF STAY (in this place) <u>60 years</u>		d. STREET ADDRESS (If rural, give location) <u>VAN BUREN, MO 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VAN BUREN, MO</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMIRA</u> b. (Middle) _____ c. (Last) <u>THOMAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 10 1951</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>Sept 8, 1866</u>
9. AGE (In years last birthday) <u>84</u> IF UNDER 1 YEAR Months <u>8</u> IF UNDER 12 HRS. Days <u>2</u> Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>TIPACANOE COUNTY, INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET DUNN</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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 <u>Mrs. Peggy Beavers</u>		ADDRESS <u>Van Buren, 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>Carcinoma of Colon</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 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) <u>153X</u>			
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>1-26, 1950</u> , to <u>May 10, 1951</u> , that I last saw the deceased alive on <u>May 10, 1951</u> , and that death occurred at <u>3 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank J. Rucinski, D.O.</u>		23b. ADDRESS <u>Van Buren, Mo</u>	
23c. DATE SIGNED <u>5-12-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 13, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY: <u>VAN BUREN CEMETERY, VAN BUREN, MISSOURI</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>May-19-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Oeta Henson</u>	
50		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen C. McAndrew</u>	
		ADDRESS <u>Van Buren, Mo.</u>	

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

0180  
1

RECEIVED

MAY 21 1951

DISTRICT HEALTH OFFICE No. 6

No. 10.....

---

---

**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 Allen C. McPherson

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.