

FILED MAY 21 1951

THE DIVISION OF HEALTH OF THE STATE OF NEVADA
STANDARD CERTIFICATE OF DEATH

State File No. 19218

86

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Nevada</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u> 1082	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>323 North Cedar</u>		d. STREET ADDRESS (If rural, give location) <u>323 N. Cedar</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dollie</u> b. (Middle) _____ c. (Last) <u>Smith</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIAGE STATUS <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED (Specify)	8. DATE OF BIRTH <u>August 27-1864</u>
9. AGE (In years less birthday) <u>86</u>		9. AGE (In years less birthday) MONTHS _____ DAYS _____ 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 _____	
11. BIRTH PLACE (State or foreign country) <u>Lagater Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Obergh Thomson</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Merrin</u>	
14. NAME OF HUSBAND OR WIFE _____		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. Bruce Thompson R.R. #1</u> ADDRESS <u>Caldera Nevada Springdale</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 minutes</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>	
		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 <input checked="" type="checkbox"/>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE <u>No</u> (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>April 1, 1951</u> , to <u>May 10, 1951</u> , that I last saw the deceased alive on <u>5/10/51</u> , 1951, and that death occurred at <u>9:44 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomson</u> (Degree or title) _____		23b. ADDRESS <u>Nevada Mo</u>	
23c. DATE SIGNED <u>5/11-51</u>			
24a. REMOVAL (Specify) <u>4</u>		24b. DATE <u>May 11-1951</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Iconium</u>		24d. LOCATION (City, town, or county) (State) <u>Iconium, Cedar, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-12-51</u>		REGISTRAR'S SIGNATURE <u>Anna E. Frew</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferny Ferguson</u> ADDRESS <u>Hawes Nevada</u>			

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

087
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED MAY 14 1951

Dist. File 551-9114

Date Filed 5-13-51

MAY 26 1951

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 _____

[Handwritten Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. 1760

P. O. Address Merada 776

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.