

FILED MAR 23 1952

STANDARD CERTIFICATE OF DEATH

State File No. 9229

BIRTH NO. _____		REG. DIST. NO. 241		PRIMARY REG. DIST. NO. 4360		Registrar's No. 7		
1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>NEW MADRID.</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PORTAGEVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION								
3. NAME OF DECEASED (Type or Print) <u>MARY ELLEN THOMAS</u>			a. (First) <u>MARY</u> b. (Middle) <u>EILEN</u> c. (Last) <u>THOMAS</u>			4. DATE OF DEATH <u>MARCH-18-1952</u> (Month) (Day) (Year)		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>27-SEPT-1965</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>—</u>		11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>MICHAEL GEORGES PLANNIA</u>			13b. MOTHER'S MAIDEN NAME <u>BASS</u>		14. NAME OF HUSBAND OR WIFE <u>W.R. THOMAS</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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Louise Howkins - Portageville 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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Portageville, New Madrid, Mo</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Aug</u> , 19 <u>51</u> , to <u>19 Mar</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>17 Mar</u> , 19 <u>52</u> , and that death occurred at <u>8</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>L.B. Painter, Jr., M.D.</u> (Degree or title)				23b. ADDRESS <u>Portageville, Mo.</u>		23c. DATE SIGNED <u>3/18/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/20/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PORTAGEVILLE</u>		24d. LOCATION (City, town, or county) (State) <u>PORTAGEVILLE MO.</u>			
DATE REC'D BY LOCAL REG. <u>Mar 20, 1952</u>		REGISTRAR'S SIGNATURE <u>Ellen DeBeauvoir</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Richard Guelker, New Madrid Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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 Raymond B Wilson

Licensed Embalmer No. 4884

P. O. Address New Madrid, 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.