No. 300
10.48

FILED DEC 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 44340

BIRTH NO. ____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 157

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington Twp
c. LENGTH OF STAY (In this place) 1-8-7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hosp #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Warrensburg 0512
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)
a. (First) Nancy
b. (Middle) C
c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) December 10 1952

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 22-1881
9. AGE (In years last birthday) 71 — If under 1 year: Months 9, Days 18 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Unknown
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jno. Alphonso Cecil
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Hilton
14. NAME OF HUSBAND OR WIFE Alonzo Thomas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unk.
16. SOCIAL SECURITY NO. Unk.
17. INFORMANT'S SIGNATURE OR NAME Hospital Records ADDRESS Nevada Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH Long

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) E9027

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture R femur 45 — 14 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 108
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital
21c. (CITY, TOWN, OR TOWNSHIP) Washington Twp (COUNTY) Vernon (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 26-1952 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Fell out of bed

22. I hereby certify that I attended the deceased from Apr 3, 1951, to Dec 10 1952, 19___, that I last saw the deceased alive on 12-9-1952, and that death occurred at 2:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE [illegible] (Degree or title) M.D.
23b. ADDRESS Nevada Mo
23c. DATE SIGNED 12/10/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Dec. 10 1952
24c. NAME OF CEMETERY OR CREMATORY Cornelia Cemetery
24d. LOCATION (City, town, or county) Cornelia (State) Missouri

DATE REC'D BY LOCAL REG. 12-11-52.
REGISTRAR'S SIGNATURE Anna E. Ferry
25. FUNERAL DIRECTOR'S SIGNATURE Ferry Funeral Home ADDRESS Nevada, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 6 1953

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 [illegible]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.