

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

45233

State File No. ....

LED FEB 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>217</u>		PRIMARY REG. DIST. NO. <u>4329</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u>		c. LENGTH OF STAY (In this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wyatt</u>		<u>8670</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>P.O. Box 83</u>				d. STREET ADDRESS (If rural, give location) <u>P.O. Box 83</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>			b. (Middle) _____		c. (Last) <u>Thomas</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 1952</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 10, 1917</u>	
9. AGE (In years last birthday) <u>35</u>		# UNDER 1 YEAR Months <u>6</u> Days _____		# UNDER 1 YEAR Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <u>Wolf Island, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>David Thomas</u>		13b. MOTHER'S MAIDEN NAME <u>Rena Becky</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>David Thomas, Box 83, Wyatt, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UNKNOWN NATURAL CAUSES.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL MONTHS.</u>
2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>HAD NO DOCTOR SINCE JUNE OF 1952, WAS SUFFERING AT THAT TIME OF ABDOMINAL PAIN AND DOCTOR TOLD THE CORONER THAT SHE HAD AN UNKNOWN KIND OF MASS IN ABDOMEN.</u>		3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>MORE THAN LIKELY MALIGNANT TUMOR</u>					1991
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)			
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>AS CORONER ONLY</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>John J. Nunneler, Jr.</u>				23b. ADDRESS <u>Charleston, Mo</u>		23c. DATE SIGNED <u>12-26-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 27, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>	
DATE REC'D BY LOCAL REG <u>Feb. 18, 1953</u>		REGISTRAR'S SIGNATURE <u>John Sanchez</u>		480-1		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>F. J. Sparks</u> Charleston, Mo.	

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

FEB 19 REC'D

RECEIVED

Miss. Co. Health De

County File No. \_\_\_\_\_

Date Filed FEB 20 1953

FEB 25 1953

FEB 24 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

Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Egan, Tennessee

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.