No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 27 1953

State File No. 34920

BIRTH NO. _____ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 5019 Registrar's No. 172

1. PLACE OF DEATH
a. COUNTY: Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Helena
c. LENGTH OF STAY (in this place): 85 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Andrew 0020 0
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Helena
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): A.
c. (Last): Thoman

4. DATE OF DEATH (Month) (Day) (Year): October 16, 1953

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 29, 1855
9. AGE (In years last birthday): 98 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: David Brand
13b. MOTHER'S MAIDEN NAME: Anna B. Grimm
14. NAME OF HUSBAND OR WIFE: Frederick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. Ella Stucki, Helena, Missouri

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Old age

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 794X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 6, 1953, *to* Oct. 16, 1953, *that I last saw the deceased alive on* Oct. 16, 1953, *and that death occurred at* 7:30p. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. E. M. Reynolds M.D. Bg. V.B.
23b. ADDRESS: Union Star, Missouri
23c. DATE SIGNED: 10/17/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 10/18/1953
24c. NAME OF CEMETERY OR CREMATORY: Rochester Cemetery
24d. LOCATION (City, town, or county) (State): Rochester, Missouri

DATE REC'D BY LOCAL REG.: 10-19-53
REGISTRAR'S SIGNATURE: F. Spark 2-0
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton Bowman Funeral Home St Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 W E Edmonston

Licensed Embalmer No. 4791

P. O. Address 519 So 11 St Joseph, 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.