

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38883**

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 4220 Registrar's No. _____

0430

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wheatland</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wheatland</u>		d. STREET ADDRESS (If rural, give location) <u>West Wheatland</u> 0430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Wheatland</u>				d. STREET ADDRESS <u>West Wheatland</u> 0			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Ann</u> c. (Last) <u>Thomas</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19-53</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Oct-4-1867</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>1</u>		11. DAYS <u>15</u>		12. IF UNDER 14 HRS. 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 <u>Housekeeping</u>		11. BIRTHPLACE (State or foreign country) <u>Clarks Springs, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Richard A. Newman</u>			13b. MOTHER'S MAIDEN NAME <u>Clara Childers</u>			14. NAME OF HUSBAND OR WIFE <u>Daniel 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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Charles Green - Wheatland 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>Serum Sickness</u>						INTERVAL BETWEEN ONSET AND DEATH	
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.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 794 X					
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (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>June 12, 1947</u> , to <u>Nov 19, 1953</u> , that I last saw the deceased alive on <u>Nov 17, 1953</u> , and that death occurred at <u>2 1/4</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>G. E. Briggs, D.O.</u>				23b. ADDRESS <u>Wheatland, Mo.</u>		23c. DATE SIGNED <u>12-4-53</u>	
24a. BURIAL, CREMATION (Specify) <u>Burial</u>		24b. DATE <u>11-24-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Little Niagara</u>		24d. LOCATION (City, town, or county) (State) <u>Kreston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-8-1953</u>		REGISTRAR'S SIGNATURE <u>Mary Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Anthony</u>		ADDRESS	

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 *Chas. Gilbert Hathaway*

Licensed Embalmer No. *4267*

P. O. Address *1120 1/2 1st St*

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.