

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **43821**

FILED DEC 2-1953  
91094

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **3051** Registrar's No. **116**

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

|  |  |  |   |  |       |
|--|--|--|---|--|-------|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Perry</b>  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Mo</b> b. COUNTY <b>Perry</b> |  |       |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Perryville, Mo.</b>  |  | c. LENGTH OF STAY (In this place) <b>1 day</b> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Altenburg</b>                                       |  | 07910 |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Perry Col. Memorial Hospital</b> |  |  | d. STREET ADDRESS (If rural, give location)   |  |       |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Connie</b> b. (Middle) <b>Ellen</b> c. (Last) <b>Thomas</b> |  |  | 4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 23, 1953</b> |  |  |
|--|--|--|--|--|--|

|                      |                               |  |                                       |  |   |
|----------------------|-------------------------------|--|---------------------------------------|--|---|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <b>Nov. 22, 1953</b> |  | 9. AGE (In years last birthday) <b>1</b> IF UNDER 1 YEAR <b>1</b> Days <b>1</b> Hours <b>1</b> Min. |
|----------------------|-------------------------------|--|---------------------------------------|--|---|

|   |  |                                   |   |  |                                       |
|---|--|-----------------------------------|---|--|---------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) |  | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Perryville, Missouri</b> |  | 12. CITIZEN OF WHAT COUNTRY? <b>0</b> |
|---|--|-----------------------------------|---|--|---------------------------------------|

|  |  |   |  |                             |  |
|--|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME <b>Lloyd Thomas</b> |  | 13b. MOTHER'S MAIDEN NAME <b>Veana Veff</b> |  | 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) |  | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <b>Lloyd Thomas Altenburg, Missouri</b> ADDRESS |  |  |
|--|--|-------------------------|---|--|--|

|  |   |  |  |  |                                  |
|--|---|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  | MEDICAL CERTIFICATION   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Respiratory failure</b>  | ANTECEDENT CAUSES <b>Premonition 5 1/2 months</b>   |  |  |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | Morbidity 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 |  | 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) (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 **Nov 22, 1953** to **Nov 23, 1953**, that I last saw the deceased alive on **Nov 23, 1953**, and that death occurred at **3:45 P. M.**, from the causes and on the date stated above.

|   |  |                                   |  |                                     |  |
|---|--|-----------------------------------|--|-------------------------------------|--|
| 23a. SIGNATURE <b>W. Carson</b> (Degree or title) <b>MD</b> |  | 23b. ADDRESS <b>Perryville Mo</b> |  | 23c. DATE SIGNED <b>NOV 25 1953</b> |  |
|---|--|-----------------------------------|--|-------------------------------------|--|

|   |                                |   |   |  |  |
|---|--------------------------------|---|---|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>Nov. 24, 1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Home Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Perryville, Missouri</b> |  |  |
|---|--------------------------------|---|---|--|--|

|  |   |  |   |  |
|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <b>11-26-53</b> | REGISTRAR'S SIGNATURE <b>Joe J. Zollner</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Young &amp; Sons</b> ADDRESS <b>Perryville Mo</b> |  |
|--|---|--|---|--|

*This body was not embalmed.*

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

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *Edward Young*

Licensed Embalmer No. *3138*

P. O. Address *Permyville 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.