

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 282238  
REGISTRAR'S NO. 167

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4305 REGISTRAR'S NO. 167

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY McDonald  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri. b. COUNTY McDonald |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Anderson | c. LENGTH OF STAY (in this place)<br>32 years | c. CITY OR TOWN Anderson  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |   | e. STREET ADDRESS (If rural, give location)<br>0600   |  |

|   |                    |                  |   |
|---|--------------------|------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) Sadie | b. (Middle) Rachel | c. (Last) Thomas | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br>August 18, 1954 |
|---|--------------------|------------------|---|

|  |                           |   |  |                                       |                                      |                               |
|--|---------------------------|---|--|---------------------------------------|--------------------------------------|-------------------------------|
| 5. SEX<br>Female   | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Married | 8. DATE OF BIRTH<br>August 17, 1884  | 9. AGE (In years last birthday)<br>70 | IF UNDER 1 YEAR<br>Months 0 Days 11  | IF UNDER 2 RES.<br>Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Housewife |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>At Home                      | 11. BIRTHPLACE (City and State or Foreign Country)<br>McDowell Co. Missouri. |                                       | 12. CITIZEN OF WHAT COUNTRY?<br>USA. |                               |

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME<br>W. W. Stubblefield | 13b. MOTHER'S MAIDEN NAME<br>Kate Lamar | 14. NAME OF HUSBAND OR WIFE<br>Luther A. Thomas |
|--|---|---|

|   |                                 |   |                          |
|---|---------------------------------|---|--------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No None | 16. SOCIAL SECURITY NO.<br>None | 17. INFORMANT'S SIGNATURE OR NAME<br>Luther A. Thomas | ADDRESS<br>Anderson, Mo. |
|---|---------------------------------|---|--------------------------|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <i>Myelogenous Leukemia</i>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>2 year</i> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last.               |  |   |
|   | DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><i>2041</i> |
|--|--|--|

|   |  |                            |
|---|--|----------------------------|
| 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 *L-1*, 19*48* to *8-18*, 19*54*, that I last saw the deceased alive on *8-18*, 1954, and that death occurred at *6:30 p.m.*, from the causes and on the date stated above.

|  |                                     |                                    |
|--|-------------------------------------|------------------------------------|
| 23a. SIGNATURE<br><i>G. B. Blankenship, M.D.</i> | 23b. ADDRESS<br><i>Anderson Mo.</i> | 23c. DATE SIGNED<br><i>8-18-54</i> |
|--|-------------------------------------|------------------------------------|

|  |                             |  |   |
|--|-----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>Burial</i> | 24b. DATE<br><i>8/20/54</i> | 24c. NAME OF CEMETERY OR CREMATORY<br><i>Anderson Cemetery</i> | 24d. LOCATION (City, town, or county) (State)<br><i>Anderson, Missouri.</i> |
|--|-----------------------------|--|---|

|   |  |   |                                |
|---|--|---|--------------------------------|
| DATE REC'D BY LOCAL REG.<br><i>9-6-54</i> | REGISTRAR'S SIGNATURE<br><i>Mayne Humphrey</i> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Pop's Funeral Home</i> | ADDRESS<br><i>Anderson Mo.</i> |
|---|--|---|--------------------------------|

(Licensed Embalmers' Statements on Reverse Side)

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

*0600*

SEP 14 1954

NOV 29 1956

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.....  
Signature of Student Embalmer

Signed *E. J. Papp*

Licensed Embalmer No. *345*

P. O. Address *Anderson, W.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.