

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14574**

FILED JUN 14 1955

BIRTH NO. _____ REG. DIST. NO. **13** PRIMARY REG. DIST. NO. **3003** Registrar's No. **72**

1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barry	
b. CITY OR TOWN Monett	c. LENGTH OF STAY (In this place) 5 days	c. CITY OR TOWN Monett, Rural, Vernon Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Vincent Hospital		d. STREET ADDRESS (If rural, give location) East of Monett Mo 0050	

3. NAME OF DECEASED (Type or Print)	a. (First) Walter	b. (Middle) Madeline	c. (Last) Thomas	4. DATE OF DEATH (Month) (Day) (Year) May 20 - 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 13 - 1919	9. AGE (In years last birthday) 36	10. MONTHS 1	11. DAYS 7	12. IF UNDER 1000 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Gurdy Mo	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME A. C. Harrison	13b. MOTHER'S MAIDEN NAME Mera Smith	13c. NAME OF HUSBAND OR WIFE Ralph Thomas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY No. _____	17. INFORMANT'S SIGNATURE OR NAME Ralph Thomas	17. ADDRESS Monett Mo
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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		INTERVAL BETWEEN ONSET AND DEATH 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pericarditis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (b) Potassium Chloride myocardium ? DUE TO (c) Primary Stenosis of Atrioventricular		
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 274X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **5-18**, 19**55**, to **5-20**, 19**55**, that I last saw the deceased alive on **5-20-55**, and that death occurred at **6:50 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Frank K. Kern MD (Degree or title)	23b. ADDRESS Monett Mo	23c. DATE SIGNED 5-27-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 22 - 1955	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows	24d. LOCATION (City, town, or county) (State) Monett Mo
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DATE REC'D BY LOCAL REG. 6-3-55	REGISTRAR'S SIGNATURE Mrs. P. N. Cook	25. FUNERAL DIRECTOR'S SIGNATURE Bennett Vermington	25. ADDRESS Monett Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 655-260

DATE REC. 6-11-55

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

J. Lowell Bennett

Licensed Embalmer No. 4213

P. O. Address Morett, 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.