

Mo. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42380

State File No.

FILED DEC 24 1956

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY OR TOWN Sedalia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital		STREET ADDRESS (If rural, give location) 1920 South Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) VIVIEN b. (Middle) IRENE c. (Last) THOMAS			4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 3, 1921	9. AGE (In years last birthday) 35	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hour Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home-making		11. BIRTHPLACE (City and State or Foreign Country) Benton County, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Jacobs Edwards	13b. MOTHER'S MAIDEN NAME Julia Wilson Edwards	14. NAME OF HUSBAND OR WIFE Charles Thomas
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 499-14-2700	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Charles Thomas, 1920 South Missouri Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, Skull		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Crushing injury, Chest 1 hr.		
	DUE TO (c) DUE TO (b)		
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"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, store, etc.) Automobile	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Junction Highway 57-65 Sedalia, MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12 16 56870A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Automobile Accident
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22. I hereby certify that I attended the deceased from 12-16-1956 to 12-16-1956 that I last saw the deceased alive on 12-16-1956, and that death occurred at 9:35 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr Siegel MD	23b. ADDRESS Smithton MO	23c. DATE SIGNED 12/17/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12/18/56	24c. NAME OF CEMETERY OR CREMATORY Highland Memorial Gardens	24d. LOCATION (City, town, or county) (State) Sedalia, Missouri
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DATE REC'D BY LOCAL REG. 12-18-56	REGISTRAR'S SIGNATURE Laurie Coontz Deputy Registrar	25. GENERAL DIRECTOR'S SIGNATURE Russell E. ...	ADDRESS Sedalia, Mo.
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(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.....
Signature of Student Embalmer

Signed *P. E. Baker*.....

Licensed Embalmer No. *241*

P. O. Address *Seulalaia*

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.