

FILED FEB 5 1957 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

806

State File No.

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 6386 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Dent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Watkins typ</u>		c. CITY OR TOWN <u>Salem Mo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Salem Mo Hobson rt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Salem Mo Hobson rt</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eliza</u>	b. (Middle) <u>Jane</u>	c. (Last) <u>Thomas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 1 1957</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>June 16 1869</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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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>x</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Co Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U S</u>
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13a. FATHER'S NAME <u>George W Willis</u>	13b. MOTHER'S MAIDEN NAME <u>Lidia Margaret Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver Thomas</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>x</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Sellers</u> ADDRESS <u>Salem Mo</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ascho Pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>virus infection</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? <u>3</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	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) <u>no</u>	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 Jan 2, 1957, to Feb 1, 1957, that I last saw the deceased alive on Jan 2, 1957, and that death occurred at 8:30A.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Brewer MA</u> (Degree or title)	23b. ADDRESS <u>Rolla Mo - Ramsey</u>	23c. DATE SIGNED <u>2-2-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 3 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Dent Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>2/2/57</u>	REGISTRAR'S SIGNATURE <u>M. M. Hart MD</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Carl J. Spencer</u> ADDRESS <u>Salem Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Carl H. Jensen

Licensed Embalmer No. *2370*

P. O. Address *Salmon*

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.