

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15867**

FILED APR 19 1957

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **6115** Registrar's No. **64**

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

1. PLACE OF DEATH a. COUNTY SCOTT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCOTT				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CROWDER		c. LENGTH OF STAY (in this place) 28 gm		c. CITY OR TOWN CROWDER		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 1000				
3. NAME OF DECEASED (Type or Print) a. (First) VIOLA b. (Middle) THOMASON c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) 3-28-1957					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 6-29-1881		
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Days		IF UNDER 24 Hrs. Hours		IF UNDER 2 Hrs. Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME			10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and State or Foreign Country) ILL		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME NATHANIEL THOMASON			13b. MOTHER'S MAIDEN NAME MARY ANN THOMASON			14. NAME OF HUSBAND OR WIFE MOSE WEBB		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No			16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME Mose Webb - Crowder MO ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia ANTECEDENT CAUSES Morbid 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.					INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 491x					20. AUTOPSY? 2 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) m.		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 1-1 , 19 56 , to 3-28 , 19 57 , that I last saw the deceased alive on 3-28 , 19 57 , and that death occurred at 6:00 P M. , from the causes and on the date stated above.								
23a. SIGNATURE J. M. Sarno (Degree or title) M.D.				23b. ADDRESS Morley Mo.		23c. DATE SIGNED 4-5-57		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-30-1957		24c. NAME OF CEMETERY OR CREMATORY NEW CITY		24d. LOCATION (City, town, or county) (State) MORLEY MO		
DATE REC'D BY LOCAL REG. 4-11-57		REGISTRAR'S SIGNATURE Miss Edna Hunter		25. FUNERAL DIRECTOR'S SIGNATURE Welch Funeral Home - Sikeston Mo ADDRESS				

429

DATE RECEIVED APR 15 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 457-76

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 Raymond S. Lewis

Licensed Embalmer No. 3467

P. O. Address Sikeston 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.