

STANDARD CERTIFICATE OF DEATH

57017638  
STATE FILE NUMBER

FILED MAY 31 1957

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McCune-Brooks hospital			Length of stay in 1b 41 yrs		d. STREET ADDRESS (If outside, give location) 422 W. Highland Ave		
3. NAME OF DECEASED (Type or print) First Middle Last L A G R E T T A A L I C E T H O M A S				4. DATE OF DEATH Month Day Year May 9, 1957			
5. SEX female		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb 28, 1915	
9. AGE (In years last birthday) 42		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired beauty operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Corydon, Iowa.	
12. CITIZEN OF WHAT COUNTRY? USA				13. FATHER'S NAME Frank E. Sallman			
14. MOTHER'S MAIDEN NAME Lucille Clark				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. 492-28-3655				17. INFORMANT Address R. P. Thomas 422 Highland, Carthage, Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Sclerosis						INTERVAL BETWEEN ONSET AND DEATH 3-4 yrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Cachexia (secondary to Multiple Sclerosis)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 345x	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 11-10-52 to 5-9-57 and last saw her/him alive on 5-9-57 Death occurred at 4:52 am m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Frank Sallman M.D.				22b. ADDRESS 506 S. Main, Carthage, Mo		22c. DATE SIGNED 5-9-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE May 11, 1957		23c. NAME OF CEMETERY OR CREMATORY Park Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Missouri	
24. FUNERAL DIRECTOR Knell Mortuary Carthage, Mo.				25. DATE RECD. BY LOCAL REG. May 10, 1957		26. REGISTRAR'S SIGNATURE Ely Clinton	

(Licensed Embalmer's Statement or Reverse Side)

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 Robert H. Knell

Licensed Embalmer No. 445

P. O. Address Carthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.