

FILED JUL 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

237772

STATE FILE NUMBER

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>		c. CITY OR TOWN <u>Kirksville, Mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital # 1 183 Da.</u>		d. STREET ADDRESS (If outside, give location) <u>1306 S. Oestopathy</u>	
3. NAME OF DECEASED (Type or print) First <u>ROSA</u> Middle <u>E.</u> Last <u>THUDIUM</u>		4. DATE OF DEATH Month <u>July</u> Day <u>17</u> Year <u>1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 5, 1881</u>
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>Home</u>	11. BIRTHPLACE (City and state or country) <u>Missouri</u>
13a. FATHER'S NAME <u>Hugh Watson</u>		13b. MOTHER'S MAIDEN NAME <u>Cyndia Baker</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Thudium</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT Address <u>State Hospital No. 1; Fulton, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA</u> 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) <u>PSYCHIATRIC FEEDING PROBLEM 493X</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
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 <u>State Hospital</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>January 15, 1957</u> to <u>July 19, 1957</u> and saw her/him alive on <u>July 17, 1957</u>		Death occurred at <u>1:45 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>James E. Hare MD.</u> (Degree or title)		22b. ADDRESS <u>State Hospital No. 1, Fulton, Mo.</u>	
22c. DATE SIGNED <u>7/17/57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7-22-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Wester Chapel Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>New Boston, Mo.</u>
24. FEDERAL DIRECTOR ADDRESS <u>Harris & Harris, Kirksville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>July 27, 1957</u>	26. REGISTRAR'S SIGNATURE <u>Maretta Lawrence</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 J. J. Rosson.....

Licensed Embalmer No. 2555.....
P. O. Address Fullton.....

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.