

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25279**

FILED JUL 26 1957

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4294 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>LINCOLN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SILEX</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SILEX</u>	
c. LENGTH OF STAY (In this place) <u>LIFETIME</u>		d. STREET ADDRESS (If rural, give location) <u>NORTH 2ND STREET</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTH 2ND STREET</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELLA</u> b. (Middle) <u>THATHER</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 29 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>WIDOW</u>	8. DATE OF BIRTH <u>APRIL 13 1870</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF UNDER 6 MRS. Hours _____ Mins. _____
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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 _____	11. BIRTHPLACE (City and State or Foreign Country) <u>LINCOLN COUNTY MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>GEORGE W. HOFF</u>	13b. MOTHER'S MAIDEN NAME <u>NANCY ELLA MORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>GEORGE THATHER</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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>JUAN MAHAR</u>	ADDRESS <u>SILEX, 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>Uremia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c)		
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? <u>YES</u> <input type="checkbox"/> <u>NO</u> <input checked="" type="checkbox"/>
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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)	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 May 14, 1957, to June 29, 1957, that I last saw the deceased alive on June 29, 1957, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>R.M. Penn</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Silex, Mo.</u>	23c. DATE SIGNED <u>July 1957</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>July 1 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST ALPHONSUS</u>	24d. LOCATION (City, town, or county) (State) <u>MILLWOOD MO.</u>
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DATE REC'D BY LOCAL REG. <u>7/24/57</u>	REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. O. Wadd</u>	ADDRESS <u>BOWLING GREEN MO.</u>
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(Licensed Embalmers' Statement on Reverse Side)

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

No. 300
10-48

JAN 15 1958
FEB 6 1958

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 _____
Student Embalmer

Signed James O. Mordal

Licensed Embalmer No. 4152

P. O. Address Bowling Green, W.V.

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