Health, Welfare Public Service

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 casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1957

STATE FILE NUMBER 27236

Registration District No. 356 Primary Registration District No. 6207 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY Texas
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ellis Prairie — Inside Limits Yes ☐ No ☑
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in Ib

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Ellis Prairie — Inside Limits Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location) 1026 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Polly Middle: Louisa Last: Thompson

4. DATE OF DEATH Month: July Day: 22 Year: 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Dec. 9, 1890 9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Prescott, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Francis Adey
14. MOTHER'S MAIDEN NAME Amanda Tosh

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Elmer Thompson Address - Houston, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma of rectum — INTERVAL BETWEEN ONSET AND DEATH months.
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) 154X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 _____, to July 22, 1957 and last saw her alive on _____
Death occurred at 12:00 Noon m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John M. Tom (Degree or title) M.D.
22b. ADDRESS Box 417 Houston, Mo.
22c. DATE SIGNED July 29, 1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-24-57
23c. NAME OF CEMETERY OR CREMATORY Arthurs Creek
23d. LOCATION (City, town, or county) (State) Texas County, Missouri

24. FUNERAL DIRECTOR Elliott Funeral Home ADDRESS Houston, Mo
25. DATE RECD. BY LOCAL REG. July 31
26. REGISTRAR'S SIGNATURE Myrtie Craig

27 - 0

(Licensed Embalmer's Statement on Reverse Side)

AUG 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank E. Moore

Licensed Embalmer No. 40

P. O. Address Houston

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.