Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED SEP 18 1957

31127
STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 5227 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY Cass 4
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Rural Pecubia Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Pleasant View Rest Home Length of stay in 1b 1 1/2 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cass 6190
c. CITY OR TOWN 5 mi W. of Harrisonville Inside Limits Yes ☐ No ☒ 0
d. STREET ADDRESS (If outside, give location) Rural Grand River Twp. Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First MELVILLA Middle Last THOMAS

4. DATE OF DEATH Month Sept Day 12 Year 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH July 2 1876
9. AGE (In years last birthday) 81 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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Cass Co Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Van Meter
13b. MOTHER'S MAIDEN NAME Melvina Buckles
14. NAME OF HUSBAND OR WIFE John B. Thomas

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 BETHEL B. THOMAS Address Harrisonville 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) CHR. MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ARTERIAL HYPERTENSION — ?
DUE TO (c) SENILITY + ARTHRITIS 443X — ?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 AUG 4 1956, to SEPT 12 57 and last saw her/him alive on SEPT 7-57
Death occurred at 11 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) David S Long MD O
22b. ADDRESS Harrisonville Mo
22c. DATE SIGNED 9-12-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 14 1957
23c. NAME OF CEMETERY OR CREMATORY Freeman Cemetery
23d. LOCATION (City, town, or county) Freeman (State) Mo

24. FUNERAL DIRECTOR Rannenburger ADDRESS Harrisonville Mo
25. DATE RECD. BY LOCAL REG. Sept 13 1957
26. REGISTRAR'S SIGNATURE Dora Barnard

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

57
0

RECEIVE
SEP 16 1957
CASS COUNTY
HEALTH DEPARTM

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 Ernest Cammenburg

Licensed Embalmer No. 3368

P. O. Address Harrisonvil

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.