

BIRTH NO. _____ REG. DIST. NO. 700 PRIMARY REG. DIST. NO. 3041 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Macon</u>	
b. CITY OR TOWN <u>Macon</u>	c. LENGTH OF STAY (in this place) <u>10 days</u>	c. CITY OR TOWN <u>Bevier Mo.</u>	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>2610</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Elizabeth</u>	b. (Middle) <u>Frances</u>	c. (Last) <u>Thomas</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-57</u>
-------------------------------------	-----------------------------	----------------------------	-------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-14-69</u>	9. AGE (In years last birthday) <u>88</u>	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) <u>domestic</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Bevier, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>John W. Thomas</u>	13b. MOTHER'S MAIDEN NAME <u>Estelle Richardson</u>	14. NAME OF HUSBAND OR WIFE _____
--	---	-----------------------------------

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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Antray</u> ADDRESS <u>Bevier Mo</u>
--	-------------------------------	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coriatic Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12-2-57</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Malignant Hypertension</u>		
	DUE TO (c) <u>445XF</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Right femur fracture</u>		19. DATE OF OPERATION _____ 20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 7-24-1954 to 12-2-1957, that I last saw the deceased alive on 12-2-1957, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank H. Coffey, D.O.</u> (Degree or title)	23b. ADDRESS <u>106 1/2 Vine St, Macon</u>	23c. DATE SIGNED <u>12-6-57</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>12/5/57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>East Ashwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Bevier, Mo</u>
---	--------------------------	--	---

DATE REC'D BY LOCAL REG. <u>12/7/57</u>	REGISTRAR'S SIGNATURE <u>Ruth McNeely</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. G. Edwards</u> ADDRESS <u>Bevier Mo</u>
---	---	--

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

County File No. 12-57-2801
Date Filed 12.10.57

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. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address *Levin, Mo*

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.