

FILED DEC 9 - 1957

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 15

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SEDALIA</u>		c. CITY OR TOWN <u>VERSAILLES</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BETHWELL HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>H DAYS</u>	

3. NAME OF DECEASED (Type or print) First <u>IDA</u> Middle <u>L.</u> Last <u>THOSS</u>			4. DATE OF DEATH Month <u>NOV</u> Day <u>30</u> Year <u>1957</u>			
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APR 8, 1869</u>	9. AGE (In years last birthday) <u>88</u>	10. MONTHS <u>0</u>	11. DAYS <u>0</u>	12. IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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 country) <u>MORGAN CO., MD.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>CHARLEY THOSS</u>	13b. MOTHER'S MAIDEN NAME <u>MARY MARPEL</u>	14. NAME OF HUSBAND OR WIFE <u>BENTON MURRAY</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>NO</u>	17. INFORMANT <u>MRS NORMA BRIDGER</u>	Address <u>SEDALIA, MD.</u>
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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>Terminal Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>80 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cardio Vascular Disease</u>	?
	DUE TO (c) <u>Arterio Sclerosis - advanced</u>	?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Smoker</u>		19. WAS AUTOPSY PERFORMED? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>None</u>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u>None</u> Month, Day, Year	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from <u>Nov 30 day</u> to <u>Nov 30th 1957</u> last saw her alive on <u>Nov 30th 1957</u> Death occurred at <u>2:20 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Ida B. Carver M.D.</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Sedalia Mo</u>	22c. DATE SIGNED <u>11.30.57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2 DEC. 57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLESTED CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>MORGAN CO., MD.</u>
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24. FUNERAL DIRECTOR <u>W. F. KIDWELL</u>	ADDRESS <u>VERSAILLES, MD</u>	25. DATE RECD. BY LOCAL REG. <u>12.1.57</u>	26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *E. J. Dutton*
Licensed Embalmer No. *4021*
P. O. Address *Versailles*

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.