

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036015

STATE FILE NUMBER

FILED NOV 5 1958

Registration District No. 120

Primary Registration District No. 5-4-51

Registrar's No. 266

300
1-57

1. PLACE OF DEATH a. COUNTY GENTRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY GENTRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN STANBERRY (Willson Twp.) Inside Limits <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN STANBERRY Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.F.D.#1 Length of stay in lb 14 yrs.		d. STREET ADDRESS (If outside, give location) R.F.D.#1 Reside on Form Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED First Middle Last MABEL — THOMAS			4. DATE OF DEATH Month Day Year Oct. 20, 1958
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 3-1890
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) HOUSEWIFE	11. BIRTHPLACE (City and state or country) RED OAK, IOWA
12. CITIZEN OF WHAT COUNTRY? USA.		13a. FATHER'S NAME JOHN RHODES	13b. MOTHER'S MAIDEN NAME EMICE LEMON
14. NAME OF HUSBAND OR WIFE MARTIN THOMAS		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. NONE
17. INFORMANT MARTIN THOMAS - STANBERRY, MO.		Address R.F.D.#1	
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 Colon, with metastases DUE TO (b) unknown DUE TO (c) 1538 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none			INTERVAL BETWEEN ONSET AND DEATH about 1 year
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input 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	
21. I attended the deceased from July 25, 1958 to Oct. 20, 1958 and last saw her alive on Oct. 20, 1958 Death occurred at 9:10 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Clifford K. Carlen, MD		22b. ADDRESS Stanberry, Mo	
22c. DATE SIGNED 10-23-58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE Oct. 23-58		23c. NAME OF CEMETERY OR CREMATORY HIGH RIDGE	
23d. LOCATION (City, town, or county) STANBERRY, Mo.		(State)	
24. FUNERAL DIRECTOR JOHNSON FUNERAL HOME - STANBERRY, MO.		ADDRESS	
25. DATE RECD. BY LOCAL REG. 10-26-58		26. REGISTRAR'S SIGNATURE Mrs. L. W. Bare	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 

Licensed Embalmer No. 4948

P. O. Address Stanbury

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.