

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010237

STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Morgan</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>Versailles</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Versailles</u> c. 716
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>308 N. Fisher</u>		Length of stay in lb <u>10 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>308 N. Fisher</u>

3. NAME OF DECEASED (Type or print) First <u>Myrtle</u> Middle <u>Pearl</u> Last <u>Thoss</u>			4. DATE OF DEATH Month <u>Mar.</u> Day <u>12</u> Year <u>1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Col.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 18, 1880</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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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 <u>None</u>	11. BIRTHPLACE (City and state or country) <u>Morgan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Davis</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Ross</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Thoss</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>Unknown</u>	17. INFORMANT <u>Monte Thoss</u>	Address <u>Versailles, Mo.</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>Acute pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>one hour</u> <u>10 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Generalized arteriosclerosis</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>45cc</u>		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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	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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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 _____
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21. I attended the deceased from <u>July 1950</u> to <u>March 12 1959</u> and last saw her alive on <u>3.12.59</u> Death occurred at <u>10 P</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>Jack Gunn MD</u> (Degree or title)	22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>3.13.59</u>
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23a. BURIAL, CREMATION OR REMOVAL (Specify)	23b. DATE <u>15 Mar. 59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Glensted Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Morgan Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles</u>	ADDRESS <u>Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3/14/59</u>	26. REGISTRAR'S SIGNATURE <u>J. L. Thoss</u>
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Mo. (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Raymond C. Fisher*

Licensed Embalmer No. *4676*.....

P. O. Address *Waverly*.....

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.