

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

30978

State File No. ....

FILED SEP 22 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 299

5164  
 0

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hubble</u>	
c. LENGTH OF STAY (in this place) <u>10 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>3 miles East Whitewater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>DELLA BLANCHE THOMA</u>			4. DATE OF DEATH <u>Sept 23-1952</u>		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
5. SEX <u>Female</u>			6. COLOR OR RACE <u>White</u>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>			8. DATE OF BIRTH <u>Sept 13-1899</u>		
9. AGE (In years, last birthday) <u>55</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		
11. BIRTHPLACE (State or foreign country) <u>Leemore Mo</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Frank Macturn</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Liles</u>	14. NAME OF HUSBAND OR WIFE <u>John Thoma</u>
---	--	---

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>unk</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Thoma, Whitewater, Mo</u>	ADDRESS
--	------------------------------------	---	---------

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>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

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 9/12, 1952 to 9/13, 1952, that I last saw the deceased alive on 9/13, 1952, and that death occurred at 1:55 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>A. B. Smith M.D.</u>	23b. ADDRESS <u>Cape Girardeau</u>	23c. DATE SIGNED <u>9/15/52</u>
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 14, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>9-15-52</u>	REGISTRAR'S SIGNATURE <u>T. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller Jackson Mo</u>	ADDRESS
---	--	--	---------

VS  
APR 26 1959

---

---

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 .....  
Student Embalmer

Signed Lynnan Steele.....

Licensed Embalmer No. 2476

P. O. Address Jackson 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 this body is not embalmed, fact should be so stated above.