

FILED JAN 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42892  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>VERNON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>NEVADA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>HUME, RURAL - HENRY TWP.</u>	
c. LENGTH OF STAY (In this place) <u>not long</u>		d. STREET ADDRESS (If rural, give location) <u>3 MI. SOUTH OF HUME.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NEVADA CITY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>MILTON</u> c. (Last) <u>THOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 29-1948</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 16-1905</u>	9. AGE (In years last birthday) <u>43</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>HUME, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>WILLIAM M. THOMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>GERALDINE FITZGERALD</u>		14. NAME OF HUSBAND OR WIFE <u>DAISY ALMA THOMPSON</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>DAISY THOMPSON</u> ADDRESS <u>HUME, MO.</u>	
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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, asthenia, etc. It means the disease, injury, or complication which caused death.  <u>835</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension &amp; cerebral arteriosclerosis</u> DUE TO (c) <u>-</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>332</u>			

19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>332</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 8-8, 1948, to 12-29, 1948, that I last saw the deceased alive on 12-29, 1948, and that death occurred at 10:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Braxton Davis, M.D.</u> (Degree or title)		23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>12-30-48</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 31-1948</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HUME CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>HUME, MO.</u>	
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DATE REC'D BY LOCAL REG. <u>1/10/49</u>		REGISTRAR'S SIGNATURE <u>Nathaniel J. ...</u> <u>331</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rich Hill, Mo.</u> ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

108  
122

RECEIVED

District Health Officer No. 7,

District File Number 12-48-1684

Date 1-17-49

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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 \_\_\_\_\_

George K. Hill

Student Embalmer No. 296

working under my personal supervision.

Signed George K. Hill  
Student Embalmer

Signed John L Underwood  
Licensed Embalmer No. 3585  
P. O. Address Butler 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.