

S. No. 300  
V. 10.48

FILED MAR 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7690

2000

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 4408 REGISTRAR'S NO. 4

1. PLACE OF DEATH a. COUNTY CEDAR		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CEDAR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL STOCKTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL STOCKTON	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) 4 MILES S.E. of STOCKTON	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 MILES S.E. of STOCKTON			

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) ELIZA c. (Last) PRESTON			4. DATE OF DEATH (Month) (Day) (Year) MARCH 4, 1949
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5. SEX F W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 27, 1869	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 9 Days 7	IF OVER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) CEDAR COUNTY, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME WM. THOMPSON	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE
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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) NO.	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Rubie L. Preston, Stockton, MO	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) auricular fibrillation		INTERVAL BETWEEN ONSET AND DEATH days
	ANTECEDENT CAUSES Morbidity 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. senility		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 2:21, 1949, to 3:4, 1949, that I last saw the deceased alive on 3:4, 1949, and that death occurred at 8:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm. B. Ritter MD	23b. ADDRESS Stockton, MO	23c. DATE SIGNED 3.5.49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MARCH 6, 1949	24c. NAME OF CEMETERY OR CREMATORY STOCKTON CITY	24d. LOCATION (City, town, or county) (State) STOCKTON, MO.
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DATE REC'D BY LOCAL REG. 3-19-1949	REGISTRAR'S SIGNATURE Geneva Garrison	54	25. FUNERAL DIRECTOR'S SIGNATURE John A. Cantlow, Stockton, MO	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 4 1951

RECEIVED

District Health Officer No. 7

District File Number 2-49-284

Date Filed 3-22-49

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. 257

working under my personal supervision.

Signed James R. Leuty  
Student Embalmer

Signed John A. Cantlon  
Licensed Embalmer No. 4387

P. O. Address Stockton, 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.