S. No. 300
v. 10.48

FILED MAR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9549

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 44

1. PLACE OF DEATH
a. COUNTY Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hunnmansville
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Dimmitt Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Polk 04
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Jackson Township
d. STREET ADDRESS (If rural, give location) Aldrich Mo. R2

3. NAME OF DECEASED (Type or Print)
a. (First) Louisa
b. (Middle)
c. (Last) Thompson

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH October 13-1867
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months 5 Days 1 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Keeper.
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Polk County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Ira Needham
13b. MOTHER'S MAIDEN NAME Amanda Nash
14. NAME OF HUSBAND OR WIFE Thomas Franklin Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S SIGNATURE OR NAME Mrs Hershel Whittenburg, ADDRESS Aldrich Mo R2

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH 10 HR.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) MYOCARDIAL INFARCT — 7 DAYS
DUE TO (c) CORONARY OCCLUSION — 7 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) no
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 MARCH, 1949, *to* 14 MARCH, 1949, *that I last saw the deceased alive on* 13 MARCH, 1949, *and that death occurred at* 1:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE John R. O'Brien (Degree or title) M.D.
23b. ADDRESS Bolivar. Mo
23c. DATE SIGNED 3/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/15/1949
24c. NAME OF CEMETERY OR CREMATORY Mitchell Camp Ground
24d. LOCATION (City, town, or county) (State) Near Aldrich Mo R2

DATE REC'D BY LOCAL REG. Mar. 14, 1949
REGISTRAR'S SIGNATURE Ralph Garden per Jewell Garden 258
25. FUNERAL DIRECTOR'S SIGNATURE Gene A. Brum, ADDRESS Walnut Grove Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 30 1950

RECEIVED
District Health Officer No. 7
District File Number 2-49-276
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. _____,

working under my personal supervision.

Signed James R. Phillips

Signed _____
Student Embalmer

Licensed Embalmer No. 4641

P. O. Address Walnut Grove, M

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.