

FILED APR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11825

State File No.

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

| | | | | | | | | | |
|---|--|---|--|--|--|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>64</u> | | PRIMARY REG. DIST. NO. <u>4110</u> | | Registrar's No. <u>24</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Chariton</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Salisbury</u>) | | c. LENGTH OF STAY (in this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Salisbury</u> | | 21 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> | | b. (Middle) <u>ANN</u> | | c. (Last) <u>THOMPSON</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>4-18-1949</u> | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W.</u> | | 8. DATE OF BIRTH <u>Sept 4, 1874</u> | | | |
| 9. AGE (In years last birthday) <u>74</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | | |
| 11. BIRTHPLACE (State or foreign country) <u>Illinois</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Samuel Shafer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Susan Smith</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Oscar O Thompson</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alma Ellis</u> ADDRESS <u>Salisbury, Mo</u> | | | |
| 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) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last. <u>4222</u> 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>Apoplexy cerebral</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</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? <u>48</u> | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>6-15</u> , 19 <u>48</u> to <u>4/18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>4-17</u> , 19 <u>49</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>W. H. H. H. H. H.</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Salisbury, Mo</u> | | 23c. DATE SIGNED <u>4/19/49</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>4-19/49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Lake Side Cemetery</u> | | 24d. LOCATION (City, town, or county) <u>Port Huron, Mich</u> (State) _____ | | | |
| DATE REC'D BY LOCAL REG. <u>4/19/49</u> | | REGISTRAR'S SIGNATURE <u>W. H. H. H. H.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo B Winkelmeyer</u> ADDRESS <u>Salisbury, Mo</u> | | | | | |

RECEIVED

District Health Officer No. 2,

File Number

4-21-49

8-21-49 1949

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

Chas B Winkelmeyer

Signed.....

Student Embalmer

Licensed Embalmer No. *3842*

P. O. Address

Salisbury, Md

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.