

FILED APR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12187**

BIRTH NO. _____ REG. DIST. NO. **138** PRIMARY REG. DIST. NO. **4220** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY Hickory		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Hickory	
b. CITY (If outside corporate limits, write RURAL and give township) Wheatland		c. CITY (If outside corporate limits, write RURAL and give township) Wheatland	
c. LENGTH OF STAY (In this place) 70 years		d. STREET ADDRESS (If rural, give location) S. West part of town	
d. FULL NAME OF HOSPITAL OR INSTITUTION S. West part of town			

3. NAME OF DECEASED (Type or Print)	a. (First) Evert	b. (Middle) TRUMAN	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) April 8 1949
-------------------------------------	-------------------------	---------------------------	---------------------------	---

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN. 26-1869	9. AGE (In years last birthday) 80	10 UNDER 1 YEAR 2 MONTHS 12 DAYS	11 UNDER 1 HRS. 1 MIN.
--------------------	-------------------------------	---	--------------------------------------	---	--	-------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY General Farmer	11. BIRTHPLACE (State and foreign country) North Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	---	--	--

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME NANCY McGrawin	14. NAME OF HUSBAND OR WIFE Oliver Thompson
-----------------------------------	---	--

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. None	17. INFORMANT'S SIGNATURE OR NAME M. D. Thompson	ADDRESS Wheatland, Mo
--	-------------------------------------	---	------------------------------

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia		10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility Debility DUE TO (c) 49ix		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Phlebitis of Right Leg			4 Months

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 **March 6, 1949, to April 8, 1949**, that I last saw the deceased alive on **April 7, 1949**, and that death occurred at **9:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. E. Bragg, D.O.	23b. ADDRESS Wheatland, Mo.	23c. DATE SIGNED 4/14/49
--	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 11 1949	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery	24d. LOCATION (City, town, or county) (State) Wheatland, Mo
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. April 4-49 W.P. Hargiss	REGISTRAR'S SIGNATURE 121	25. FUNERAL DIRECTOR'S SIGNATURE Silbert Hathaway	ADDRESS Wheatland, Mo
---	----------------------------------	--	------------------------------

RECEIVED

District Health Officer No. _____

District File Number 3-49-4

Date Filed 4-21-29

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 Chas Gilbert Fathaway

Licensed Embalmer No. 4267

P. O. Address Tellico, 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.