

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13145

State File No. _____

FILED APR 28 1949

BIRTH NO. 49-123344 REG. DIST. NO. 211 PRIMARY REG. DIST. NO. 4324 Registrar's No. 4-49

1. PLACE OF DEATH a. COUNTY <u>Mellen</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Mellen</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lussuman</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Coedon</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>835 Colorado Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Humphrey Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RONALD</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>TOMPKINS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-7-49</u>
-------------------------------------	--------------------------	------------------------	---------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>/</u>	8. DATE OF BIRTH <u>Apr. 7, 1949</u>	9. AGE (In years last birthday) <u>14</u>	10. UNDER 1 YEAR Months <u>14</u>	11. UNDER 1 MIN. Hours <u>14</u>
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------------	----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Lussuman, Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	--	------------------------------

13a. FATHER'S NAME <u>Homer Tompkins Jr</u>	13b. MOTHER'S MAIDEN NAME <u>Ruby Workman</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruby Tompkins</u>	ADDRESS <u>Eldon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RESPIRATORY FAILURE</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>PREMATURITY</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7764</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) (m.)	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 4-7-, 1949, to 4-7-, 1949, that I last saw the deceased alive on 4-7-, 1949, and that death occurred at 10:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. E. Humphrey D. O.</u>	(Degree or title) <u>Tussumbin, Mo.</u>	23b. ADDRESS <u>H-8-49</u>	23c. DATE SIGNED
--	---	----------------------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>4-8-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Coedon</u>	24d. LOCATION (City, town, or county) (State) <u>Coedon Mo.</u>
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. <u>April 15-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Richard L. Wright</u>	391	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	ADDRESS <u>Coedon</u>
---	---	-----	---	-----------------------

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

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed APR 27 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

Leo H. Webster

Student Embalmer No.

working under my personal supervision.

Student 314

Student Embalmer

Signed

Louis D. Phillips

Licensed Embalmer No.

3663

P. O. Address

Cedars

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.