

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15044
State File No.

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5148 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lincoln township Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill, (Rural)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rosa Ellen Thompson</u>		d. STREET ADDRESS (If rural, give location) <u>Thompson</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosa</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-1949</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5-22-1867</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton, Missouri.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Amos Edwards</u>	
13b. MOTHER'S MAIDEN NAME <u>Polly Ann Hawks</u>		14. NAME OF HUSBAND OR WIFE <u>William Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dewey Basham, Cowgill, Mo.</u>		ADDRESS _____	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Myocarditis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u> <u>many years</u> <u>many years</u> <u>42.01</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____
21a. 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 <u>Aug. 1947</u> , to <u>May 18, 1949</u> , that I last saw the deceased alive on <u>May 17, 1949</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. S. Goldberg M.D.</u> (Degree or title)		23b. ADDRESS <u>Baymen, Mo.</u>	
23c. DATE SIGNED <u>5/21/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>5-20-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>	
24d. LOCATION (City, town, or county) <u>Cowgill, Caldwell, Mo.</u>		(State) _____	
DATE REC'D BY LOCAL REG. <u>6-3-49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Nell B. Jones 378</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cramer Clark</u> ADDRESS <u>Kingston, Mo.</u>

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

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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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston, 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.