

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16769
1329
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5845

1. PLACE OF DEATH
a. COUNTY **Nodaway**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clearmont - rural 34 yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION **10 Miles N. E.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Nodaway**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Clearmont - rural**

d. STREET ADDRESS (If rural, give location) **10 miles N. E.**

3. NAME OF DECEASED (Type or Print)
a. (First) **ELLSWORTH** b. (Middle) **THOMPSON** c. (Last) **THOMPSON**

4. DATE OF DEATH (Month) (Day) (Year) **5 23 49**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **1/15/78** 9. AGE (In years last birthday) **71** IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **farmer**

10b. KIND OF BUSINESS OR INDUSTRY **farming**

11. BIRTHPLACE (State or foreign country) **Gasport, Indiana /**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John N. Thompson** 13b. MOTHER'S MAIDEN NAME **Sarah Acord** 14. NAME OF HUSBAND OR WIFE **Julia Peve 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. **none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Ellsworth Thompson, Clearmont**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH **Chronic valvular disease of heart of unknown**

ANTECEDENT CAUSES **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**

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

INTERVAL BETWEEN ONSET AND DEATH **3 yrs**

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

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) **Clearmont nodaway mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 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 **Nov 1, 1948** to **May 23, 1949**, that I last saw the deceased alive on **May 23, 1949** and that death occurred at **7:30 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **C. W. ... M. D.** 23b. ADDRESS **Hopkins, Missouri** 23c. DATE SIGNED **5/25/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24b. DATE **5/25/49** 24c. NAME OF CEMETERY OR CREMATORY **Hopkins** 24d. LOCATION (City, town, or county) (State) **Hopkins, Missouri**

DATE REC'D BY LOCAL REG. **5-27-49** REGISTRAR'S SIGNATURE **Bess Holt** FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Price Funeral Home Maryville, Mo.**

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

54912 PNDP

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 _____

ROBERT L. SEUTER

Student Embalmer No. 309

working under my personal supervision.

Student Robert L. Seuter

Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville, 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.