

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 25860
 Registrar's No. 84

107

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

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 6198		Registrar's No. 84	
1. PLACE OF DEATH a. COUNTY TEXAS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY TEXAS			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cass Twp		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Cass Twp			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) JANE c. (Last) THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) July 30 1949				
5. SEX F		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) W. 2		8. DATE OF BIRTH May 26 1869	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Carthage Ill.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Albed Adams			13b. MOTHER'S MAIDEN NAME Anna May Jones			14. NAME OF HUSBAND OR WIFE Ira A. Thompson	
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 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac De compensation ANTECEDENT CAUSES Chronic Myocarditis with Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 years 444 X	
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 May 1949 to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 11:50 P.M., from the causes and on the date stated above.							
23a. SIGNATURE N. L. Pralle, D.O. (Degree or title)				23b. ADDRESS Cabool, Mo		23c. DATE SIGNED 8/1/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 2-49		24c. NAME OF CEMETERY OR CREMATORY Cabool		24d. LOCATION (City, town, or county) (State) Cabool Mo	
DATE REC'D BY LOCAL REG. aug 2, 49		REGISTRAR'S SIGNATURE Raynell Cunningham		25. FUNERAL DIRECTOR'S SIGNATURE 325 Baylord V. Elliott		ADDRESS Cabool Mo	

Precin
Texas C
8-8-4
9:00

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. 257

working under my personal supervision.

Student James J. Gentry
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.