

FILED OCT 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32779

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6190 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Janey</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Janey</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson MO</u>	
c. LENGTH OF STAY (in this place) <u>all life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>	b. (Middle) <u>Austin</u>	c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-20-49</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 11 - 1893</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>MO</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		12. CITIZEN OF WHAT COUNTRY? <u>MO</u>	

13a. FATHER'S NAME <u>T. L. Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Mrs Ann Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Kate Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ben Thompson</u> ADDRESS <u>Branson</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15IX</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		

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) (Min.)	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 July 1, 1947, to 9-20, 1949, that I last saw the deceased alive on 9-20, 1949, and that death occurred at 4 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Paul E. Rabutz, D.O.</u>	23b. ADDRESS <u>Branson MO</u>	23c. DATE SIGNED <u>9-20-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>9-20-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Branson MO</u>
24d. LOCATION (City, town, or county) (State) <u>Branson MO</u>		

DATE REC'D BY LOCAL REG. <u>Sept 21 - 1949</u>	REGISTRAR'S SIGNATURE <u>S. E. Cogswell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>R. O. Whelchel</u>	ADDRESS <u>Branson MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 25 1949
District Health Office No. 6,
District File Number 1049-1068
Date Filed 10-8-49

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 Winnifred G. Kelshel

Licensed Embalmer No. 2277

P. O. Address Dranon 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.