

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

FILED NOV 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34171

BIRTH NO.		REG. DIST. NO. 155		PRIMARY REG. DIST. NO. 3127		Registrar's No. 183		
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. LENGTH OF STAY (in this place) no data		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		2		
d. FULL NAME OF HOSPITAL OR INSTITUTION 504 South Hall Street				d. STREET ADDRESS (If rural, give location) 504 South Hall Street 0				
3. NAME OF DECEASED (Type or Print) a. (First) ELIZA		b. (Middle) ANN		c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) Oct. 21, 1949		
5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept 10, 1868		
				9. AGE (in years last birthday) 81		10. IF UNDER 1 YEAR Months 7 Days 17		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Douglas County Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Robert Hicks		13b. MOTHER'S MAIDEN NAME no data		14. NAME OF HUSBAND OR WIFE widowed				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Hoover Webb City, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 442X	
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 2/25, 1944 to 10/22, 1949 that I last saw the deceased alive on 10/22, 1949, and that death occurred at 2:10 p.m., from the causes and on the date stated above.								
23a. SIGNATURE R. M. Sturmont M.D. (Degree or title)				23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED 10/21/49		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10/24/49		24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial		24d. LOCATION (City, town, or county) (State) Joplin, Missouri		
DATE REC'D BY LOCAL REG. OCT. 24, 1949		REGISTRAR'S SIGNATURE S. L. Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Hedge-Lewis		ADDRESS Webb City, Mo.		

RECEIVED 11-1-49
Jasper County Health Office

County File Number 49-10-820

Date Filed 11-8-49

Lets

MAR 24 1950

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

Richard Gray Lewis

Licensed Embalmer No. *4400*

P. O. Address *Webb City*

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.