

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED NOV 8 1949

State File No. **34417**

BIRTH NO. **50480-49** REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **361**

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)		
a. COUNTY Maxion			a. STATE Missouri		b. COUNTY Ralls
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal		c. LENGTH OF STAY (in this place) (1)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saverton		
d. FULL NAME OF HOSPITAL OR INSTITUTION Levering Hospital			d. STREET ADDRESS (If rural, give location) Rural		

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Rodney	b. (Middle) Garrett	c. (Last) Thompson	October 19, 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 26, 1949	9. AGE (In years last birthday)	IF UNDER 1 YEAR (Months) (Days)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hannibal Mo	12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert T. Thompson Jr	13b. MOTHER'S MAIDEN NAME Mary L Hall	14. NAME OF HUSBAND OR WIFE
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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 Robt Thompson Saverton - Mo	ADDRESS
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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) Septic Stenosis		INTERVAL BETWEEN ONSET AND DEATH 7 Weeks
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Septic Stenosis		
	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 type="checkbox"/>
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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 8/26, 1949, to 10/19, 1949, that I last saw the deceased alive on 10/19, 1949, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed Canthorn	23b. ADDRESS 1001 Bedway	23c. DATE SIGNED 10/20/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 20, 1949	24c. NAME OF CEMETERY OR CREMATORY Centenary	24d. LOCATION (City, town, or county) (State) Saverton Ralls Mo
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DATE RECD BY LOCAL REG. 10-27-49	REGISTRAR'S SIGNATURE Dr. E. M. Lucke Deputy	FUNERAL DIRECTOR'S SIGNATURE James O'Donnell	ADDRESS Hannibal Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

Michael J O'Rourke

Licensed Embalmer No. 3246

P. O. Address Hanover, Me

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.