

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41674

State File No. ....

FILED JAN 4 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 92

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>McDonald County</u>                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death)<br>a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Noel</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Noel</u>  |  |
| c. LENGTH OF STAY (in this place) <u>4 yrs.</u>                                  |  | d. STREET ADDRESS (If rural, give location) <u>None</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>                              |  |   |  |

|                                     |                         |                      |                           |   |
|-------------------------------------|-------------------------|----------------------|---------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Harry</u> | b. (Middle) <u>C</u> | c. (Last) <u>Thompson</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-49</u> |
|-------------------------------------|-------------------------|----------------------|---------------------------|---|

|                    |                               |   |                                      |   |                             |                        |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u> | 8. DATE OF BIRTH <u>Aug 4 - 1874</u> | 9. AGE (In years last birthday) <u>75</u> | IF UNDER 1 YEAR Months Days | IF UNDER 100 Hrs. Min. |
|--------------------|-------------------------------|---|--------------------------------------|---|-----------------------------|------------------------|

|  |   |  |   |
|--|---|--|---|
| 10a. DOMESTIC OCCUPATION (Give kind of work done) <u>Electrician</u> | 10b. TRADE OR BUSINESS OR INDUSTRY <u>Electrician</u> | 11. BIRTHPLACE (State or foreign country) <u>Independence Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.</u> |
|--|---|--|---|

|                                   |  |   |
|-----------------------------------|--|---|
| 13a. FATHER'S NAME <u>Unknown</u> | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Josie Thompson</u> |
|-----------------------------------|--|---|

|  |                                     |   |               |
|--|-------------------------------------|---|---------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Josie Thompson</u> | ADDRESS _____ |
|--|-------------------------------------|---|---------------|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 hr</u><br><br><u>152X</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary embolism</u>   |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |
| DUO TO (b) <u>Duodenal carcinoma</u>  |   |  |  |
| DUO TO (c) _____  |   |  |  |

|                              |  |   |
|------------------------------|--|---|
| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 1945 to Dec 16, 1949, that I last saw the deceased alive on Dec 16, 1949, and that death occurred at 11:30 P m., from the causes and on the date stated above.

|  |                             |                                |
|--|-----------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>S.D. Fountain D 50</u> | 23b. ADDRESS <u>Noel mo</u> | 23c. DATE SIGNED <u>Dec 24</u> |
|--|-----------------------------|--------------------------------|

|   |                           |  |  |
|---|---------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-18-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Southwest City</u> | 24d. LOCATION (City; town, or county) (State) <u>Southwest City Mo</u> |
|---|---------------------------|--|--|

|  |   |  |               |
|--|---|--|---------------|
| DATE REC'D BY LOCAL REG. <u>12-25-49</u> | REGISTRAR'S SIGNATURE <u>Wayne Humphrey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Humphrey Jr.</u> | ADDRESS _____ |
|--|---|--|---------------|

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

60  
60  
50

30

FEB 28 1950

REC'D

FEB 28 1949

District Health Office No. 6,

District File Number

~~1249-1433~~ 1414

Date Filed

~~DEC 20 1948~~

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.

Signed.....  
Student Embalmer

Signed Mayne E. Humphrey  
Licensed Embalmer No. 4262

P. O. Address Piscesville, 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.