

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43463

State File No. _____

FILED JAN 4 1950

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 4507 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crane</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ursula</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>Shompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 9 1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Nov 28 1868</u>	9. AGE (In years last birthday) <u>81</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u> IF UNDER 6 WKS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher + Post master</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Park Co MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Eliyah Shompson</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Lee</u>	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) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Marvin Wilson Hurley MO</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	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. <u>Senility</u>		

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)
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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?
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22. I hereby certify that I attended the deceased from Dec 8, 1949, to Dec 9, 1949 that I last saw the deceased alive on Dec 8, 1949, and that death occurred at 1:15 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>Ursula Lee Shompson</u> (Degree or title)	23b. ADDRESS <u>Crane, Mo.</u>	23c. DATE SIGNED <u>12-10-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bradfield</u>	24d. LOCATION (City, town, or county) (State) <u>Near Crane, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Dec 10-49</u>	REGISTRAR'S SIGNATURE <u>Lena Murray, Dep.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Monroe</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

106
0-1

RECEIVED DEC 20 1949

District Health Office No. 6

District File Number 1249-1417

Date Filed DEC 28 1949

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, ~~as by~~

..... Student Embalmer No.

working under my personal supervision.

Signed George H. Mantore

Signed

Student Embalmer

Licensed Embalmer No. 3827

P. O. Address Crane 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.