

FILED FEB 6 1950

STANDARD CERTIFICATE OF DEATH

State File No. 766

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 701

396

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (In this place) <u>3 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1920 North Missouri</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> d. STREET ADDRESS (If rural, give location) <u>1920 North Missouri</u>		
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Dora</u> b. (Middle) <u>Thompson</u> c. (Last) <u>Appleby</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>February 2 1950</u>			
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Oct 22, 1861</u>	<b>9. AGE</b> (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months <u>3</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Home</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cave Springs, Missouri</u>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>		<b>13a. FATHER'S NAME</b> <u>James Thompson</u>			
<b>13b. MOTHER'S MAIDEN NAME</b> <u>Luvenia Renshaw</u>		<b>14. NAME OF HUSBAND OR WIFE</b> -----			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <u>Mrs W. S. B. Shumate, Springfield, Mo.</u>	
<b>MEDICAL CERTIFICATION</b>					
<b>18. CAUSE OF DEATH</b> 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.			<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Heart failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u> </u> DUE TO (c) <u> </u>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs</u>  <u>8/20/29</u>		
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>			
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)			
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from</b> <u>20 Dec., 1949</u> , to <u>2-2, 1950</u> , that I last saw the deceased alive on <u>2-2, 1950</u> , and that death occurred at <u>4:45 P.m.</u> , from the causes and on the date stated above.					
<b>23a. SIGNATURE</b> (Degree or title) <u>Chas C Norton, MD</u>			<b>23b. ADDRESS</b> <u>1930 N. Jefferson, Springfield, Mo.</u>		
<b>23c. DATE SIGNED</b> <u>2-3-50</u>			<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		
<b>24b. DATE</b> <u>2-4-50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Cave Springs Cemetery, Cave Springs, Mo.</u>			
<b>24d. LOCATION</b> (City, town, or county) (State) <u> </u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <u>B.F.W.</u> <u>Greenwald-Windle, Willard, Mo.</u>			
<b>DATE REC'D BY LOCAL REG.</b> <u>2-3-50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>W.E. Handley</u>			

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**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

*Lee Mason*

Licensed Embalmer No. 4568

P. O. Address. Springfield, 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.