

FILED FEB 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7359

State File No.

BIRTH NO. _____ REG. DIST. NO. 352 PRIMARY REG. DIST. NO. 6186 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Taney</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Beaver Twn.)</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Beaver Twn.)</u>	
c. LENGTH OF STAY (in this place) <u>2 Wks.</u>		d. STREET ADDRESS (If rural, give location) <u>3mi. north of Reuter, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reuter Mo. 3mi. N. on 125</u>			
3. NAME OF DECEASED a. (First) <u>Mary</u> b. (Middle) <u>A.</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-28-1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>11-29-1869</u>
9. AGE (In years last birthday) <u>80</u>		10. BIRTHPLACE (State or foreign country) <u>Ill.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Fredrick P. 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 ADDRESS <u>Bill Tidwell Protom, Mo.</u>	
18. NO. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Circulatory Hypertension</u> DUE TO (c) <u>Old Age</u> 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>331X</u>	
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 <u>Jan 27</u> , 19 <u>50</u> , to <u>Jan 24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Jan 27</u> , 19 <u>50</u> , and that death occurred at <u>3:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. Saunders</u>		23b. ADDRESS <u>D. O. Forayth, Mo.</u>	23c. DATE SIGNED <u>2/8/50</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-5-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wolf Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Protom, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Feb. 8-1950</u>	REGISTRAR'S SIGNATURE <u>J. E. Coxwell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>376</u>	ADDRESS <u>Clinkingbeard Funeral Home Gainesville Mo.</u>

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

1060

RECEIVED FEB 13 1950

District Health Office No. 6,

District File Number 250-216

Date Filed 2-15-50

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

Charles R. Fish

Licensed Embalmer No. 4662

P. O. Address Ava, 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.