

FILED MAY 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12651

BIRTH NO. _____		REG. DIST. NO. <b>128</b>	PRIMARY REG. DIST. NO. <b>2000</b>	Registrar's No. <b>439</b>
1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>GREENE</b>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Republic Republic Twp.</b>		
c. LENGTH OF STAY (in this place) <b>1 DAY</b>		d. STREET ADDRESS (If rural, give location) <b>0390</b>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) <b>OSARK OSTEOPATHIC HOSPITAL</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>INDIA</b> b. (Middle) <b>ETHEL</b> c. (Last) <b>THOMPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>5 6 50</b>	
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>5-17-1900</b>	9. AGE (In years last birthday) <b>49</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLOTHING WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>CLOTHING FACTORY</b>	11. BIRTHPLACE (State or foreign country) <b>W. VIRGINIA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Jacob H. Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Angeline E. Thompson</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>S.Y. Thompson</b> ADDRESS <b>Republic, Mo.</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetic Acidosis</b>		INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diabetes Mellitus</b>				
DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>260X</b>		
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 <b>5/6</b> , 19 <b>50</b> , to <b>5/6</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5/6</b> , 19 <b>50</b> , and that death occurred at <b>2:10 P. M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <b>R. A. Michael, D.O.</b>		23b. ADDRESS <b>Springfield Mo 5/6/50</b>	23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL &amp; REMOVAL</b>	24b. DATE <b>5-9-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PRINCETON CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>PRINCETON MISSOURI</b>	
DATE REC'D BY LOCAL REG <b>5-8-50</b>	REGISTRAR'S SIGNATURE <b>W. C. Handley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>John Dean Harris</b> ADDRESS <b>Clare Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

**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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.