

FILED JUN 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19354**

BIRTH NO. _____ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **171**

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) Columbia		c. CITY (If outside corporate limits, write RURAL and give township) Barnett	
c. LENGTH OF STAY (in this place) 29 days		d. STREET ADDRESS (If rural, give location) Barnett	
d. FULL NAME OF HOSPITAL OR INSTITUTION State Cancer Hospital			
3. NAME OF DECEASED a. (First) Charles		b. (Middle) Parks	
c. (Last) Tompkins		4. DATE OF DEATH (Month) (Day) (Year) June 9 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 2, 1887
9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster	11. BIRTHPLACE (State or foreign country) Barnett Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME James K. Tompkins		13b. MOTHER'S MAIDEN NAME Elizabeth Grinstead	
14. NAME OF HUSBAND OR WIFE Bertha Tompkins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes/no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Bertha Tompkins		ADDRESS Barnett Mo	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkin's disease 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" 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 5-10 , 1950, to 6-9 , 1950, that I last saw the deceased alive on 6-9 , 1950, and that death occurred at 11:50 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Richard E. Johnson, M.D.		23b. ADDRESS Columbia - Missouri	
23c. DATE SIGNED 10 June 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12 June 50	
24c. NAME OF CEMETERY OR CREMATORY Barnett		24d. LOCATION (City, town, or county) (State) Barnett Mo	
DATE REC'D BY LOCAL REG. June 12 1950		REGISTRAR'S SIGNATURE Mrs. R.E. Palmer	
25. FUNERAL DIRECTOR'S SIGNATURE Keith M. Keys		ADDRESS Eldon Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

0104

District File Number _____
District Health Officer No. 9,
RECEIVED
JUN 19 1950

JUL 17 1950

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 *Keith M. Ray* _____

Licensed Embalmer No. *3998* _____

P. O. Address *Eldon 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.