

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 21 1950

State File No. 22953
Registrar's No. 236

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008

1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>HOWARD</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FULTON</u>	c. LENGTH OF STAY (In this place) <u>3 Mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FAVETTE</u> <u>0450</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSP. #1</u>		d. STREET ADDRESS (If rural, give location) <u>RT # 1</u>	

3. NAME OF DECEASED (Type or Print) <u>LEWIS THOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 14 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 13, 1871</u>	9. AGE (In years last birthday) <u>79</u>	10. UNDER 1 YEAR Days <u>571</u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>NERO THOMPSON</u>	13b. MOTHER'S MAIDEN NAME <u>SUSAN ATKINS</u>	14. NAME OF HUSBAND OR WIFE <u>CHRISTINE THOMPSON</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>DK</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>DK</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORD - STATE HOSP. #1, FULTON, MO</u> ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile DETERIORATION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-3</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>LEURS OF CENTRAL NERVOUS SYSTEM</u>		
	DUE TO (c) <u>GENERALIZED ARTERIOSCLEROSIS</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>026X</u>

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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from July 12, 1950, to July 14, 1950, that I last saw the deceased alive on July 14, 1950, and that death occurred at 9:20 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>M J Miller</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>FULTON, MISSOURI</u>	23c. DATE SIGNED <u>JULY 14, 1950</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope</u>
		24d. LOCATION (City, town, or county) (State) <u>Howard Co.</u>

DATE REC'D BY LOCAL REG. <u>July 15 1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Glen Y. Martin</u> ADDRESS <u>Fulton MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 17 1950
District Health Officer No. 9,
District File Number.....

JUL 22 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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed *Elen G. Manpin*

Signed.....
Student Embalmer

Licensed Embalmer No. 2725

P. O. Address Fulton, 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.