No. 300
10.48

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

FILED AUG 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23441

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5551 Registrar's No. 31

1. PLACE OF DEATH
a. COUNTY: HOWELL
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "R" HOWELL TWP.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ELK CREEK, Near Res.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): "R" HOWELL TWP. 0460
d. STREET ADDRESS (If rural, give location): W. PLAINS, Mo., Rover Route.

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): CARL
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): JULY 29, 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: SEPT. 22, 1927
9. AGE (In years last birthday): 22
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HOWELL TWP, HOWELL COUNTY MO.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: OTHEL THOMPSON
13b. MOTHER'S MAIDEN NAME: MABLE LAFFOON
14. NAME OF HUSBAND OR WIFE: OLETA McCRACKIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): W.W.II.
16. SOCIAL SECURITY NO.: 490-28-0835
17. INFORMANT'S SIGNATURE OR NAME: Mrs Oleta Thompson
ADDRESS: Rover Route, W. Plains 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____ — 5.21

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: 046
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Farm Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Howell Twp. Howell Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): July 29 1950 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Swimming Alone in Creek

22. *I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5 p. m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Smith M.D. Coroner (Degree or title)
23b. ADDRESS: Howell Co West Plains, Mo
23c. DATE SIGNED: 1 Aug 50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: AUG 2, 1950
24c. NAME OF CEMETERY OR CREMATORY: ELK CREEK CEM.
24d. LOCATION (City, town, or county) (State): HOWELL CO., MO.

DATE REC'D BY LOCAL REG.: 8-3-50
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE: Hal Thornburgh
ADDRESS: W. Plains, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.