

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37857

State File No.

BIRTH NO. _____ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 5825 Registrar's No. 84

0720

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

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Como Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Como Twp.</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles East of Risco, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>			
3. NAME OF DECEASED a. (First) <u>LUTHER</u>		b. (Middle) <u>COWAN</u>	
c. (Last) <u>THOMPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 14, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>6 June 1869</u>
9. AGE (In years last birthday) <u>81</u>	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) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>	11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>Laura UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>Maggie Walton</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr Charles Fredrick Thompson Risco, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mycocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Artificial Salivary gland</u> DUE TO (c) <u>Mycocardial Degeneration</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</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? _____	
22. I hereby certify that I attended the deceased from <u>July 1947</u> , 19 <u>50</u> , to <u>Nov 14</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 7</u> , 19 <u>50</u> , and that death occurred at <u>4:45p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Walton</u> (Degree or title) _____		23b. ADDRESS <u>Malden, Missouri</u>	
23c. DATE SIGNED <u>Nov 16-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov 16, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-2-50</u>	REGISTRAR'S SIGNATURE <u>J. Walton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace R. Knight</u> ADDRESS <u>Malden, Mo.</u>	

RECEIVED

DEC 3 1950

DISTRICT HEALTH OFFICE No. 1

No.

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 Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Walker 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.