

FILED DEC 27 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>4387</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Oregon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Altos</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Altos</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle)		c. (Last) <u>Thompson</u>	
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>07</u>		(Year) <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>10-1-1899</u>		9. AGE (In years last birthday) <u>51</u> 10. <u>1</u> 11. <u>10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>George, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Joseph Schults</u>		13b. MOTHER'S MAIDEN NAME <u>Anna - Schults</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Thompson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Isle Johnson</u> ADDRESS <u>Altos Mo.</u>			
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) <u>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Respiratory Paralysis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3h 7x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Altos, Oregon Mo</u>			
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 <u>Dec. 4, 1950</u> to <u>Dec. 7, 1950</u> , that I last saw the deceased alive on <u>Dec. 7, 1950</u> , and that death occurred at <u>8:00 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. W. Johnson</u> (Degree or title) <u>D. O. C.</u>				23b. ADDRESS <u>Altos, Mo.</u>		23c. DATE SIGNED <u>12-11-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Smith Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Altos Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 15 - 50</u>		REGISTRAR'S SIGNATURE <u>M. W. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John & Clay Altos Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

DEC 20 1950

DISTRICT HEALTH OFFICE No. 1

File 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

.....
working under my personal supervision.

Student Embalmer No.

Signed.....

John D. Clark

Signed.....

Student Embalmer

Licensed Embalmer No. *4475*

P. O. Address *Box 398, Altam, 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.