

FILED FEB 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 17

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

1. PLACE OF DEATH a. COUNTY <u>Clinton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Clinton</u>	
b. CITY OR TOWN <u>Cameron</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>319 N. Mead</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>319 N Mead</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Newby</u> c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>July 31-1872</u>
9. AGE (in years last birthday) <u>78</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)		10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>	11. BIRTHPLACE (State or foreign country) <u>De Kalb Co. MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Wm Stewart</u>		13b. MOTHER'S MAIDEN NAME <u>Anna E. Murray</u>	14. NAME OF HUSBAND OR WIFE <u>Fred E. Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Y or N, no. or unknown) <u>N</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>N</u>	17. INFORMANT'S SIGNATURE OR NAME _____ 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Gall Bladder</u> 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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>1948</u> 19 <u> </u> , to <u>2-10</u> 19 <u>51</u> , that I last saw the deceased alive on <u>2-10</u> 19 <u>51</u> , and that death occurred at <u>4:00</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Kerner D. M.D.</u>		23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>2-12-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-13-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Packard Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>
DATE REC'D BY LOCAL REG. <u>2-12-51</u>	REGISTRAR'S SIGNATURE <u>Winifred W. Moore</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Volant Funeral Home</u>	ADDRESS <u>Cameron</u>

(Licensed Embalmer's Statement on Reverse Side)

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

0251

4284



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.

Signed.....
Student Embalmer

Signed

Robert F. Poland

Licensed Embalmer No. *4727*

P. O. Address *Cameron, Ind.*

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.