

FILED MAY 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15791  
28

BIRTH NO. _____		REG. DIST. NO. <u>46</u>	PRIMARY REG. DIST. NO. <u>4065</u>	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY <u>Caldwell Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Polo</u> <u>0130</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>✓</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maud</u> b. (Middle) <u>Alie</u> c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 9-1883</u>	9. AGE (In years last birthday) <u>68</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Caldwell Co., Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>John Grant</u>		
13b. MOTHER'S MAIDEN NAME <u>Kate Hunter</u>		14. NAME OF HUSBAND OR WIFE <u>Roy Thompson</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If no, no, or unknown) (If yes, give war or dates of service) <u>✓</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>W. O. Thompson Polo 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerosis</u> DUE TO (c) <u>Chronic Cardiovascular Renal Disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Few minutes</u> <u>many years</u> <u>many years</u> <u>many years</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) _____
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>June 1947</u> to <u>May 12, 1951</u> , that I last saw the deceased alive on <u>May 12, 1951</u> , and that death occurred at <u>12:35 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>D. E. Goldberg M.D.</u>		23b. ADDRESS <u>Braymer, Mo.</u>		23c. DATE SIGNED <u>5/14/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-14-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Zimmerman</u>	24d. LOCATION (City, town, or county) (State) <u>Polo Mo.</u>
DATE REC'D BY LOCAL REG. <u>May 15-51</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u> <u>378</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alsbaugh &amp; Cowley Polo Mo</u>

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

1130  
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SEP 23 1952



**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 Wayne H. Hallerman

Licensed Embalmer No. 4627

P. O. Address Polo 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.