

FILED AUG 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23799

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

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>25</u>		
1. PLACE OF DEATH a. COUNTY <u>MONROE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>RALLS</u>				
b. CITY OR TOWN <u>MONROE City</u>		c. LENGTH OF STAY (in this place) <u>4 DAYS.</u>		c. CITY OR TOWN <u>Rural, Saline Township</u>		SE 70		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ELLIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>Monroe City Mo</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>BERTHA</u> b. (Middle) <u>FRANCES</u> c. (Last) <u>THOMPSON.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24 1951</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>		8. DATE OF BIRTH <u>AUGUST 12 1880</u>		
9. AGE (In years last birthday) <u>70</u>		10. MONTHS <u>11</u>		11. DAYS <u>77</u>		9. AGE (In years last birthday) <u>70</u> 10. MONTHS <u>11</u> 11. DAYS <u>77</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE Keeping</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>OWN Home</u>		11. BIRTHPLACE (State or foreign country) <u>RALLS County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm J. CHISHAM.</u>			13b. MOTHER'S MAIDEN NAME <u>ALICE BELL.</u>			14. NAME OF HUSBAND OR <u>MILTON THOMPSON.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>none.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Manning Thompson</u> ADDRESS <u>Monroe City Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Heart Disease</u>					4 days.	
		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 <u>H43X</u>					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)		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 20, 1951</u> , to <u>July 24, 1951</u> , that I last saw the deceased alive on <u>July 24, 1951</u> , and that death occurred at <u>8:55 p. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Harold F. Ellis, M.D.</u> (Degree or title)				23b. ADDRESS <u>Ellis Hospital, Monroe City Mo</u>		23c. DATE SIGNED <u>7/26/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brush Creek Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>RALLS County, Monroe City Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-31-51</u>		REGISTRAR'S SIGNATURE <u>Anna M. Burdett</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SONS Monroe City Mo.</u>				

Date Received: **AUG 11 1951**

DISTRICT HEALTH OFFICE #2

District File Number *8-67-1453*

Date Filed: **AUG 14 1951**

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 *me*

.....
working under my personal supervision.

Student Embalmer No.

Signed *Leslie L. Wilson*

Signed.....
Student Embalmer

Licensed Embalmer No. *301X*

P. O. Address *Monroe City, 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.