

FILED SEP 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29675**

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

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>5179</u>		Registrar's No. <u>42</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived; if institution: residence before admission)			
a. COUNTY <u>Camden</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chase Beach</u>		c. LENGTH OF STAY (If in place) <u>5 hours</u>		a. STATE <u>Nebraska</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chase Beach</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomington</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address of hospital or institution) <u>Lake The Gables. La. Port Resort</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Dale</u>	b. (Middle) <u>C</u>	c. (Last) <u>Thompson</u>	(Month) <u>Aug</u>	(Day) <u>15</u>	(Year) <u>1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>1933</u>	9. AGE (In years last birthday) <u>18</u>	UNDER 1 YEAR	1 YEAR	IF UNDER 1 HR.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Bloomington Neb</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Harold Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. (?) <u>(?)</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Merle Ebers, Franklin Neb.</u>		ADDRESS		
18. CAUSE OF DEATH	MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>					Interval <u>5</u> days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					Sudden	
	DUE TO (b) <u>drowning accidental</u>					692984	
	<u>Unable to swim. Waived into a deep lake or off bank - into deep water</u>					42	
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>drowned before help could rescue him</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Play ground</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chase Beach Camden MO</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 15-51 12:30 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Sudden deep bank waiving in lake on bottom hole to deep.</u>					
22. I hereby certify that I attended the deceased from <u>Aug 15, 1951</u> , to <u>Aug 15, 1951</u> , that I last saw the deceased alive on <u>Aug 15, 1951</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Abbie Baukman Woolery Coroner</u>			23b. ADDRESS <u>Camden Camden MO</u>			23c. DATE SIGNED <u>Aug 15-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug 16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maline Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Franklin Co Neb</u>				
DATE REC'D BY LOCAL REG. <u>Aug 16-1951</u>	REGISTRAR'S SIGNATURE <u>Zilpha Draw</u>	42	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hutchins & Son</u>	ADDRESS <u>Franklin Neb</u>			

RECEIVED 9-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-27-51 _____

RECORDED
INDEXED
9-27-51

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 Abbie Woolway

Licensed Embalmer No. 2488

P. O. Address Camden, N.J.

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.