

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29831**

FILED SEP 28 1951

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 3016	Registrar's No. 241		
1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 1 day	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural--Liberty Twnshp 0260			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			d. STREET ADDRESS (If rural, give location) Osage City, Missouri			
3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Henderson c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Sept 18 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Mar-3-1874	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer		10b. KIND OF BUSINESS OR INDUSTRY Steamboat	11. BIRTHPLACE (State or foreign country) Gasconade Couty, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Thompson		13b. MOTHER'S MAIDEN NAME Charlotte Wilson	14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS A .G. Thompson, Osage City, Missouri				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cystitis Pyelitis DUE TO (c) Prostatic Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 610x				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE	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) m.	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 Sept 18, 1951 , to Sept 18, 1951 , that I last saw the deceased alive on Sept 18, 1951 , and that death occurred at 7:15 P m. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) William A. Calm D.O.			23b. ADDRESS 125 E High St Jefferson City		23c. DATE SIGNED Sept 25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept-21-1951	24c. NAME OF CEMETERY OR CREMATORY Cadet Creek Cemetery	24d. LOCATION (City, town, or county) (State) Bonnots, Mill Mo.			
DATE REC'D BY LOCAL REG. Sept 24-1951	REGISTRAR'S SIGNATURE R.P. Norris MD	FUNERAL DIRECTOR'S SIGNATURE Joseph J. Ford	ADDRESS Jefferson City, Mo			

264

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

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

Joseph J. Gamm

Licensed Embalmer No. 1286

P. O. Address Jefferson 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.