

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32575

State File No. ....

FILED OCT 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>38</u>	PRIMARY REG. DIST. NO. <u>3006</u>	Registrar's No. <u>253</u>
1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		
c. LENGTH OF STAY (in this place) <u>26 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>37th Allen St.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>37th Allen St.</u>		d. STREET ADDRESS (If rural, give location) <u>37th Allen St.</u>		
3. NAME OF DECEASED (Type or Print) <u>ALMEDIA THOMPSON</u>		a. (First) <u>ALMEDIA</u>		b. (Middle) <u>THOMPSON</u>
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 7th 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Weps</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 22-1896</u>	
9. AGE (In years last birthday) <u>55</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Sandy Tanner</u>		
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Wallace L. Thompson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Wallace L. Thompson Jr. Columbia 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* (a) <u>Carcinomatosis of abdomen</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of transverse colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>153X</u>		
19a. DATE OF OPERATION <u>4 April 1951</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of transverse colon &amp; carcinomatosis</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>14 March 1951</u> , to <u>7 October 1951</u> , that I last saw the deceased alive on <u>6 October 1951</u> , and that death occurred at <u>12:30 m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Horace E. Thomas M.D.</u>		23b. ADDRESS <u>909 University Ave. Columbia, Mo.</u>		23c. DATE SIGNED <u>9 Oct 1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 10th 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Galaxy</u>
24d. LOCATION (City, town, or county) (State) <u>Columbia Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Stuart P. Sanders</u> ADDRESS <u>Columbia Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 9 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>		311

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

105

RECEIVED OCT 15 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed OCT 15 1951

OCT 10 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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed Edward D. Parker

Licensed Embalmer No. 2900

P. O. Address Columbia Tn

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.