

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

FILED OCT 23 1951

BIRTH NO. _____ REG. DIST. NO. 46 PRIMARY REG. DIST. NO. 4065

1. PLACE OF DEATH a. COUNTY <u>Caldwell</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) <u>Polo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Polo</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>L</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		0130 0	

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Wylie</u>		b. (Middle) <u>Oliver</u>		c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-27-51</u>							
5. SEX <u>M.</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov. 30-1886</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>		IF UNDER 24 HRS. Hours <u>27</u> Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Rural Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Caldwell Co. Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U</u>						
13a. FATHER'S NAME <u>Wm A. Thompson</u>				13b. MOTHER'S MAIDEN NAME <u>Simma Ann Hunter</u>				14. NAME OF HUSBAND OR WIFE <u>Ola Thompson</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>✓</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ola Thompson Polo Mo</u>				ADDRESS			

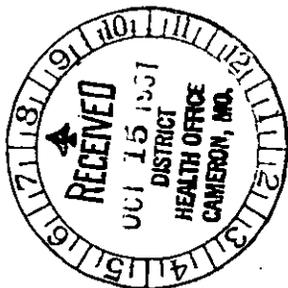
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Descending Colon</u>						<u>4 yrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malnutrition</u>						<u>6 mo</u>	

19a. DATE OF OPERATION <u>June 1947</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Descending Colon</u>				153X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 June 1, 1947, to 9-27, 1951, that I last saw the deceased alive on 9-27, 1951, and that death occurred at 1:30 PM m., from the causes and on the date stated above.

23a. SIGNATURE <u>CH Wilborn</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Polo Mo</u>		23c. DATE SIGNED <u>9-28-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jimman Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Grant Twp. Caldwell Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 10-51</u>		REGISTRAR'S SIGNATURE <u>Gladys Jones</u>		37		25. FUNERAL DIRECTOR'S SIGNATURE <u>Abraham & Cowley</u>	
						ADDRESS <u>Polo Mo</u>	

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.....

.....
working under my personal supervision.

Signed.....
Student Embalmer

..... Student Embalmer No.
Bernard F. Head
Signed

Licensed Embalmer No. *2801*

P. O. Address. *Braymer 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.