

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **34363**

FILED OCT 19 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 328

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>New London</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>0870</u> <u>1</u>	

3. NAME OF DECEASED  
(Type or Print)  
a. (First) Margaret S. b. (Middle) \_\_\_\_\_ c. (Last) Tompkins

4. DATE OF DEATH (Month) (Day) (Year)  
October 12, 1951

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH May 29, 1883 9. AGE (In years last birthday) 68 if under 1 year: Months 4 Days 13 if under 6 mos. Hours \_\_\_\_\_ Mins. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY XX 11. BIRTHPLACE (State or foreign country) New London Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Samuel Watson 13b. MOTHER'S MAIDEN NAME Margaret Jones 14. NAME OF HUSBAND OR WIFE Robert L. Tompkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. XX 17. INFORMANT'S SIGNATURE OR NAME Robert L. Tompkins ADDRESS New London Missouri

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Mesenteric thrombosis + Myocarditis 6 hrs</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pelvic Abscess + Cholecystitis 2 weeks</u>		
	DUE TO (c) <u>Diverticulitis -</u>		
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 5721

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from 10-5, 1951, to 10-12, 1951, that I last saw the deceased alive on 10-12, 1951, and that death occurred at 1:15 am., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD 23b. ADDRESS Hannibal MO 23c. DATE SIGNED 10-13-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 10/15/51 24c. NAME OF CEMETERY OR CREMATORY Berkley 24d. LOCATION (City, town, or county) (State) New London Missouri

DATE REC'D BY LOCAL REG. 10-15-51 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

644  
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RECEIVED OCT 17 1951  
MARION CO. HEALTH DEPT.  
DATE FILED OCT 18 1951

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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.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *W. Crawford Smith*

Licensed Embalmer No..... 2814

P. O. Address Hannibal Missouri

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.