

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41371

State File No.

FILED JAN 14 1952

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5499 Registrar's No. 1

410

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

1. PLACE OF DEATH a. COUNTY Harrison		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Harrison	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hatfield		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hatfield, Missouri	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) 0410	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Glenn b. (Middle) Alexander c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) 12 29 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 3-9-1903	9. AGE (In years last birthday) 48	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mts.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Hatfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Alexander Thompson	13b. MOTHER'S MAIDEN NAME Sarah Heaston	14. NAME OF HUSBAND OR WIFE Ella C. Thompson
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Ella C. Thompson	ADDRESS Hatfield, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 minute
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion, Acute		
	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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **12 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. Materson (Degree or title)	23b. ADDRESS Grand City, Mo	23c. DATE SIGNED 12-31-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-30-1951	24c. NAME OF CEMETERY OR CREMATORY Weaver Chapel	24d. LOCATION (City, town, or county) (State) Hatfield, Missouri
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DATE REC'D BY LOCAL REG. Jan. 11 - 1952	REGISTRAR'S SIGNATURE Florence C. Powell	4410-1	25. FUNERAL DIRECTOR'S SIGNATURE Arch C. Dunfee	ADDRESS Grand City, Mo
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APR 9 1917

APR 11 1917

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

Arch C Dinglee

Licensed Embalmer No. *3272*

P. O. Address *Grant 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.