

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43954

State File No.

FILED FEB 1 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 2021 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Grundy</u> <u>0402</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Davies</u>	
b. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Trenton</u>)		c. CITY (If outside corporate limits, write RURAL and give township OR TOWN <u>Rural Lincoln Township</u> <u>0310</u>)	
c. LENGTH OF STAY (in this place) <u>1 Day</u>		d. STREET ADDRESS (If rural, give location) <u>6 Miles S.E. Gilman City, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u> b. (Middle) <u>Allen</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 24 1902</u>
9. AGE (in years) last birthday <u>49</u>		9. AGE (in years) last birthday <u>49</u>	10. MONTHS <u>0</u> 11. DAYS <u>0</u> 12. HOURS <u>0</u> 13. MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Davies County Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Lee Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Brownhill</u>	14. NAME OF HUSBAND OR WIFE <u>Martha Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) <u>---</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Martha Thompson, Gilman City</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia 2 days</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. 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 <u>491X</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) (Min.)		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>Dec 22</u> , 1951, to <u>Dec 23</u> , 1951, that I last saw the deceased alive on <u>Dec 22</u> , 1951, and that death occurred at <u>3 P.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Oliver F. Duffy M.D.</u> (Degree or title)		23b. ADDRESS <u>Winton mo</u>	23c. DATE SIGNED <u>Jan 5th 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-26-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilot Grove No. 1</u>	24d. LOCATION (City, town, or county) (State) <u>Davies County Mo</u>
DATE REC'D BY LOCAL REG. <u>12-26-51</u>		REGISTRAR'S SIGNATURE <u>Jane Jai</u> <u>115</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u>

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

Dr. Duffy

STATEMENT BY LICENSED EMBALMER

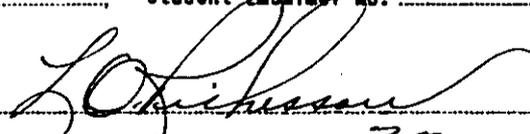
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No.

3302

P. O. Address

Ballantine, N.C.

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.