

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4132

FILED MAR 5 1952

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 83

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

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) a. STATE <u>Mo</u> COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Lilbourn Mo. R 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hsp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ara</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan - 27 - 52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>1907-9-18</u>	9. AGE (In years last birthday) _____ IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Paragould Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Keeping</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lilbourn Mo Fred Thompson R 1</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>367-26-5121</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fred Thompson Lilbourn Mo R 1</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u> ?	
		DUE TO (c) <u>Chronic Glaucoma hipitis</u> ?		?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		<u>Severe Secondary Anemia</u> ?	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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 20 Jan, 1952, to 27 Jan, 1952, that I last saw the deceased alive on 27 Jan, 1952, and that death occurred at 5 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>3211 Oak, Poplar Bluff Mo</u>		23c. DATE SIGNED <u>Feb 5</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan-31-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Malden Park Memorial N. of Malden Mo</u>	
24d. LOCATION (City, town, or county) (State) _____		DATE REC'D BY LOCAL REG. <u>Feb. 29 1952</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>428-1</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Thomas E Smith Malden Mo</u>			

RECEIVED
MAR 4 - 1952

BUTLER CO. HEALTH CENTER

FILE No.

352-114

Dr. Knight

Dr.

Wife of

Dr. Knight, a dentist

of Butler Co. Pa.

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 Thomas C. Knight

Licensed Embalmer No. 21891

P. O. Address Walden 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.