

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17371

State File No.

BIRTH NO. 22899 REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3049 Registrar's No. 113

2742
0

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

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>0742</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marysville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sandra Louise</u> b. (Middle) <u>Thompson</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 - 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>	8. DATE OF BIRTH <u>May 6 - 1952</u>	9. AGE (in years last birthday) <u>0</u>	IF UNDER 18 HRS. Hours Min. <u>0 30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Marysville Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Richard C Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Lee Williams</u>	14. NAME OF HUSBAND OR WIFE <u>Claude Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Claude Thompson</u> ADDRESS

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>Atelectasis, 30 minutes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 min</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Compression of cord in breech delivery</u>		
	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>7610</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)	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 May 6, 1952 to May 6, 1952 that I last saw the deceased alive on May 6, 1952, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE <u>G. M. Kirk</u> (Degree or title)	23b. ADDRESS <u>Hopkins</u>	23c. DATE SIGNED <u>May 8 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 8 - 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cem</u>
24d. LOCATION (City, town, or county) (State) <u>Hopkins Mo.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Wetmore</u> ADDRESS <u>Perford</u>	
DATE REC'D BY LOCAL REG. <u>5-17-52</u>	REGISTRAR'S SIGNATURE <u>Leslie Holt 239</u>	

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, ~~only~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Frank Sweeting Jr

Licensed Embalmer No. 4577

P. O. Address Bufoed Iowa

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.