

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

19094

State File No. _____
 Registrar's No. 13

FILED JUN 10 1952

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153

1030
 1

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

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard	
b. CITY (If outside corporate limits, write RURAL and give town) Bell City (Rural) township) c. LENGTH OF STAY (in this place) 27 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bell City (Rural) 1030	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. 1, Box 188		d. STREET ADDRESS (If rural, give location) R. 1, Box 188	

3. NAME OF DECEASED (Type or Print) a. (First) Leroy b. (Middle) _____ c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1952		
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 17, 1887		9. AGE (In years last birthday) 64		10. UNDER 1 YEAR (Days) 22	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Monroe County, Arkansas	
12. CITIZENSHIP OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Thompson		13b. MOTHER'S MAIDEN NAME Angeline Hall		14. NAME OF HUSBAND OR WIFE Maggie Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Maggie Thompson, R. 1, Bell City, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Morbidity 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		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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

I hereby certify that I attended the deceased from 6-15, 1951, to 2-7, 1952, that I last saw the deceased alive on 2-5, 1952, and that death occurred at 11:00 P.M., from the causes and on the date stated above.

22a. SIGNATURE D. H. Jasso (Degree or title) Ms. S.		23b. ADDRESS Trachouse, Mo.		23c. DATE SIGNED 2-11-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 15, 1952		24c. NAME OF CEMETERY OR CREMATORY Sunset Addition	
24d. LOCATION (City, town, or county) (State) Sikeston, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE F. D. Sparks		ADDRESS Charleston, Mo.	
DATE REC'D BY LOCAL REG. 2-15-52		REGISTRAR'S SIGNATURE Bernice Moore			

DOWN TO 100

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 Frank Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau

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.

16.17