

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30500

State File No. _____
Registrar's No. 16

BIRTH NO. _____		REG. DIST. NO. <u>330</u>		PRIMARY REG. DIST. NO. <u>Will</u>	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ansell</u>		c. LENGTH OF STAY (In this place) <u>none</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		d. STREET ADDRESS (If rural, give location) <u>1112 Osage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 61</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 12 52</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Marshall</u> b. (Middle) <u>Henry</u> c. (Last) <u>Thompson</u>			5. SEX <u>male</u> 6. COLOR OR RACE <u>Negro</u> 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		
8. DATE OF BIRTH <u>3 July</u>		9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>17</u> Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairied minister</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Protestant Church</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oxford, Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Lee Ha Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> (If yes, give war or dates of service) <u>W.W.I.</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Lee Ha Thompson</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Drowning</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ 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.			INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>ANSELL SCOTT MO</u>		21f. HOW DID INJURY OCCUR? <u>Bus Washed off Hwy. in flash flood</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Aug 12 '52 8:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Delma C. Buck-Thompson</u>			23b. ADDRESS <u>5 N.W. (Degree or title) Benton, Mo</u>		23c. DATE SIGNED <u>8-14-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Smith West End Court</u>	24d. LOCATION (City, town, or county) (State) <u>West 8 Sikeston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-26-52</u>		REGISTRAR'S SIGNATURE <u>G. P. A. [Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>P. B. Woodall Caruthersville</u>	

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

S. No. 300
V. 10.48

FILED AUG 29 1952

RECEIVED 8-28-52

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 852-258

1952
8-28-52

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 P. B. Woods

Licensed Embalmer No. 4833

P. O. Address Box 766 Carthage, Missouri

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.