

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 7 35601
State File No. _____

FILED NOV 3 1952

S. No. 300
v. 10-48

0542
m

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

BIRTH NO. _____		REG. DIST. NO. <u>184</u>		PRIMARY REG. DIST. NO. <u>3038</u>		Registrar's No. <u>229</u>			
1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. LENGTH OF STAY (by this place) <u>3 mths</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		<u>0512</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 S Pine</u>				d. STREET ADDRESS (If rural, give location) <u>223 S Pine</u>					
3. NAME OF DECEASED (Type or Print) <u>ELLA</u>			a. (First) _____			b. (Middle) _____			
c. (Last) <u>THOMPSON</u>			4. DATE OF DEATH		Month (Day) (Year) <u>Oct-28-1952</u>				
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan-13-1888</u>			
9. AGE (In years last birthday) <u>64</u>		10. MONTHS <u>9</u>		11. DAYS <u>15</u>		IF UNDER 1 YEAR OF AGE IN RES. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>California Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>			13. FATHER'S NAME <u>Robert Toomes</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca L. Collins</u>		14. NAME OF HUSBAND OR WIFE <u>Killie Hillis Thompson</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>561-32-8968</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Killie Thompson - Brookfield Mo.</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2-4</u> <u>hours</u> <u>years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u>							
		DUE TO (c) <u>Hypertension</u>							
		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>331x</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) (m.)		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>Aug</u> , 19 <u>52</u> , to <u>Oct 28</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Oct 28</u> , 19 <u>52</u> , and that death occurred at <u>8:45 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Mrs. F. Lamance</u>				23b. ADDRESS <u>Brookfield, Mo.</u>				23c. DATE SIGNED <u>10-30-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/30-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Missouri</u>			
DATE RECD BY LOCAL REG. <u>10-31-52</u>		REGISTRAR'S SIGNATURE <u>Madie Stambach</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Blacklock</u>			
						ADDRESS <u>Brookfield Mo</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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. A. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.