

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41618**

FILED JAN 12 1953

BIRTH NO. _____		REG. DIST. NO. <b>42</b>	PRIMARY REG. DIST. NO. <b>1000</b>	Registrar's No. <b>1379</b>
1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Steuart</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>3 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bural</b> <b>0580</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Albany, Missouri</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b> b. (Middle) <b>Henry</b> c. (Last) <b>THOMPSON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 26 1952</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>June 30, 1884</b>	9. AGE (In years last birthday) <b>68</b>
10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Iowa</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Henry Thompson</b>		
14. MOTHER'S MAIDEN NAME <b>Josephine <del>Butler</del> Parley</b>		15. NAME OF HUSBAND OR WIFE <b>Bessie Thompson</b>		
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) <b>No</b> (If yes, give war & dates of service)		17. SOCIAL SECURITY NO. <b>None</b>		18. INFORMANT'S SIGNATURE OR NAME <b>Robert Thompson</b> ADDRESS <b>Albany</b>
18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Left Lung</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 mos</b>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES <b>Cancer of Sigmoid</b>		
DUE TO (b) _____		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		19. DATE OF OPERATION _____		
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) <b>153x</b>		
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 <b>10-8-1952</b> to <b>12-26-1952</b> , that I last saw the deceased alive on <b>12-26-1952</b> , and that death occurred at <b>7:44 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>D. Steep Leis</b> (Degree or title) _____		23b. ADDRESS <b>no. 823 Farasue</b>		23c. DATE SIGNED <b>12/26/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>12/26/1952</b>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Albany Missouri</b>
DATE REC'D BY LOCAL REG. <b>Jan 3, 1953</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casup</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wheaton Bacon</b> ADDRESS <b>Funeral Home St. Joseph, Mo.</b>		

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

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 \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. 4791

P. O. Address 319 So. W. St. Joplin, 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.