

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43051

State File No.

FILED DEC 24 1952

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION McFarland Nursing Home		d. STREET ADDRESS (If rural, give location) 7450 Oakland	

3. NAME OF DECEASED (Type or Print)	a. (First) ISHAM	b. (Middle) WALLACE	c. (Last) THOMPSON	4. DATE OF DEATH (Month) (Day) (Year) Dec. 16, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 13, 1878	9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and State or Foreign Country) Gerard, Illinois	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Wallace Thompson	13b. MOTHER'S MAIDEN NAME Cynthia	14. NAME OF HUSBAND OR WIFE Sadie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. Yes, lost	17. INFORMANT'S SIGNATURE OR NAME Mrs. Sadie Thompson	ADDRESS 6753 Dale, St. Louis
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs (?)
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	DUE TO (c)
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II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy, the myocarditis
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 331x	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 12-12, 1952, to 12-16, 1952, that I last saw the deceased alive on 12-12-52, and that death occurred at 9:15A m., from the causes and on the date stated above.

23a. SIGNATURE E. E. Fendley, M.D.	(Degree or title)	23b. ADDRESS Rolla, Mo.	23c. DATE SIGNED 12-17-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 18, 1952	24c. NAME OF CEMETERY OR CREMATORY Rolla Cemetery	24d. LOCATION (City, town, or county) (State) Rolla, Missouri
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DATE REC'D BY LOCAL REG. Dec. 18, 1952	REGISTRAR'S SIGNATURE Nadine L. Stoeck	25. FUNERAL DIRECTOR'S SIGNATURE Paul E. Mull	ADDRESS Rolla, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1001 6 1001

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County File Number _____

Date Filed 12-23-52

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.