

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2620**

860
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 13 1953
10490

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Worthman, Co Mo		2. USUAL RESIDENCE (Where deceased lived. If institution residence before death)	
b. CITY (If outside corporate limits, write RURAL and give township) Unionville 17th		a. STATE MO b. COUNTY Putnam	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) Worthington MO	
d. FULL NAME OF HOSPITAL OR INSTITUTION Moural Hospital		d. STREET ADDRESS (If rural, give location) City 0860	

3. NAME OF DECEASED (Type or Print) a. (First) Clint	b. (Middle)	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) 1-31-53
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-30-53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unionville MO
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME Charles Thompson	

13b. MOTHER'S MAIDEN NAME Helen Rogers	14. NAME OF HUSBAND OR WIFE Washington MO
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. None
17. INFORMANT'S SIGNATURE OR NAME Charles Thompson	

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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurely		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) mother had		
	DUE TO (c) Influenza		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 7735	

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)	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 **1-30-1953**, to **1-31-1953**, that I last saw the deceased alive on **1-31-1953**, and that death occurred at **10 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. L. Judd	23b. ADDRESS Unionville MO	23c. DATE SIGNED 1-31-53
24a. BURIAL, CREMATION, REMOVAL (Specify) B	24b. DATE Jan 31-53	24c. NAME OF CEMETERY OR CREMATORY Uniontown Cem
24d. LOCATION (City, town, or county) (State) Unionville MO	25. FUNERAL DIRECTOR'S SIGNATURE W. H. Husted	
DATE REC'D BY LOCAL REG. 2-5-53	REGISTRAR'S SIGNATURE Marvell Durbin	ADDRESS Unionville MO

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.....

Mrs E Husked

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.