

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22278

State File No. _____

FILED JUL 13 1953

BIRTH NO. 810962 REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>New Madrid.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>N. M.</u>	
b. CITY OR TOWN <u>New Madrid</u>		c. CITY OR TOWN <u>New Madrid.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>6 miles N.E. of New Madrid.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMOOR</u> b. (Middle) <u>THOMPSON</u> c. (Last) <u>THOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 8 - 1953</u>						
5. SEX <u>M.</u>	6. COLOR OR RACE <u>COLORED</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>DEC-10-1952</u>	9. AGE (In years last birthday) <u>5</u>	10. MONTHS <u>2</u>	11. DAYS <u>27</u>	12. HOURS <u></u>	13. MINUTES <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during past working life, even if retired) <u>Child.</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>CANALON, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>JOE HENRY THOMPSON</u>		13b. MOTHER'S MAIDEN NAME <u>ROSA MAE COOK</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOE THOMPSON</u> ADDRESS <u>New Madrid Mo</u>	

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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar Pneumonia</u>		DUE TO (b) <u>Primary</u>					
ANTECEDENT CAUSES		DUE TO (c)					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
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>490X</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) (Min.)		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 6-7-1953, to 6-8-1953 that I last saw the deceased alive on 6-7-1953, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James O. Cameron D.O.</u> (Degree or title)		23b. ADDRESS <u>Box 158 Marston Mo</u>		23c. DATE SIGNED <u>6-22-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JUNE 9-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SAND HILL</u>	
24d. LOCATION (City, town, or county) (State) <u>NEW MADRID MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee H. Hedges</u>		ADDRESS <u>New Madrid</u>	
DATE REC'D BY LOCAL REG. <u>7-10-53</u>		REGISTRAR'S SIGNATURE <u>Helena L. Jones</u>			

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

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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. *Not Embalmed* Student Embalmer No. _____

Student
Student Embalmer

Signed *L. S. Hildy with*
Licensed Embalmer No. *3803*

P. O. Address *New Madrid, 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.