

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

State File No. **24314**

ED. AUG 5 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **99** PRIMARY REG. DIST. NO. **4172** Registrar's No. **39**

320

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

1. PLACE OF DEATH a. COUNTY <b>DeKalb</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>DeKalb</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stewartsville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Stewartsville</b>	
c. LENGTH OF STAY (In this place) <b>5 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <b>David</b> b. (Middle) <b>Richard</b> c. (Last) <b>Thompson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>7-26-53</b>		
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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>8-27-1873</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Ray Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Mason Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Katheryn Condon</b>	14. NAME OF HUSBAND OR WIFE <b>Jesse Thompson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jesse Thompson, Stewartsville Mo.</b>	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hy Postatic Pneumonia</b>		<b>1 day</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>myocardial insufficiency</b> DUE TO (c)		<b>2 yrs</b>
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 <b>4222</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **April**, 19**51**, to **July 26**, 19**53**, that I last saw the deceased alive on **7-26**, 19**53** and that death occurred at **7 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. Dingler, M.D.</b> (Degree or title)	23b. ADDRESS <b>Stewartsville</b>	23c. DATE SIGNED <b>7-28-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7-29-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion</b>	24d. LOCATION (City, town, or county) (State) <b>Clinton Co. Mo.</b>
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DATE REC'D BY LOCAL REG. <b>7-30-53</b>	REGISTRAR'S SIGNATURE <b>Edward Hair</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. E. Summerfield</b>	ADDRESS <b>Stewartsville</b>
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AUG 19 1958

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 W. G. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, Md.

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.