

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27566**

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6279** Registrar's No. **28**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gasconade Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gasconade Twp	
c. LENGTH OF STAY (In this place) 12 yrs		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) W. c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1953		
5. SEX Male		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb 26, 1875		9. AGE (In years last birthday) 78		10. IF UNDER 1 YEAR Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Stockman		10b. KIND OF BUSINESS OR INDUSTRY Decatur Ill.		11. BIRTHPLACE (City and State or Foreign Country) U.S.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
13c. NAME OF HUSBAND OR WIFE unknown					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME James Baker, Hartsville, Mo ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Probably Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) _____ DUE TO (c) _____			
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 4201		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) _____		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 19 to 7-26, 1953, that I last saw the deceased alive on 7-18 and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE Frank Stahl (Degree or title) Coroner			23b. ADDRESS 12th St., Mo.		23c. DATE SIGNED 7/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-29-53		24c. NAME OF CEMETERY OR CREMATORY Mt Zion West of Hartsville, Mo.	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE Walter W. ...		ADDRESS _____	
DATE REC'D BY LOCAL REG. 8-3-53		REGISTRAR'S SIGNATURE E. B. ...			

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

No. 300
10-48

140

RECEIVED AUG 8 1953
WRIGHT CO. HEALTH DEPT.
County File Number 853-109
Date Filed 8-8-53

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 Frank Grable

Licensed Embalmer No. 440

P. O. Address mt. view, 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.