

No. 300
10.48

FILED SEP 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28212

BIRTH NO. _____ REG. DIST. NO. 102 PRIMARY REG. DIST. NO. 5416 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbyrd, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Arbyrd, Missouri	
c. LENGTH OF STAY (in this place) 7 Years		d. STREET ADDRESS (If rural, give location) Gen. Del. Arbyrd, Mo.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Gen. Del. Arbyrd, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Charley	b. (Middle) F.	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) July 29 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 1, 1876	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 28	IF UNDER 1 HRS. Hours 0	IF UNDER 15 MIN. Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Tennessee	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Mrs. Mary B. Thompson
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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. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mary B. Thompson, Arbyrd, Mo.
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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, asthma, 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) Bleeding Aneurysm of Brain		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) m.	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 1950 to July 29, 1953, that I last saw the deceased alive on , 19 , and that death occurred at 8:40 P. m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. English, M.D.	23b. ADDRESS Cardwell, Mo	23c. DATE SIGNED 9-5-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-31-1953	24c. NAME OF CEMETERY OR CREMATORY McGrew Cem.	24d. LOCATION (City, town, or county) (State) Near Senath, Missouri
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DATE REC'D BY LOCAL REG. 9-5-53	REGISTRAR'S SIGNATURE D. B. Bond	472 - Farmers Union F. Home, Jonesboro, Ark.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Roy [Signature] etc.
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(Licensed Embalmer's Statement on Reverse Side)

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

350
1

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 9-9-53

COUNTY FILE NUMBER 953-

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

James V. Emerson

Licensed Embalmer No.

895

P. O. Address

Joseph Boy Des

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.

*Body Embalmed in
Ark.*