

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

State File No. **29219**

No. 300

10-48 FILED **AUG 31 1953**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4284 Registrar's No. 74

560

1. PLACE OF DEATH a. COUNTY Lewis b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN La Belle c. LENGTH OF STAY (in this place) Life d. FULL NAME OF HOSPITAL OR INSTITUTION _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN La Belle, d. STREET ADDRESS (If rural, give location) _____		
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3. NAME OF DECEASED (Type or Print) Audra D. Thompson a. (First) Audra b. (Middle) D. c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) August 26, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 13, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months 1 Days 13	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Former Banker			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Monticello, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Bushrod F. Thompson	13b. MOTHER'S MAIDEN NAME Ida Sayer	14. NAME OF HUSBAND OR WIFE Jessie H. Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jessie H. Thompson La Belle, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Forbidd conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-vascular-renal disease DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	INTERVAL BETWEEN ONSET AND DEATH 5 mo. 8 years
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19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 June 25, 1953, to August 26, 1953 that I last saw the deceased alive on Aug. 25, 1953, and that death occurred at 11:40A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harry L. W. Braden D.O.	23b. ADDRESS La Belle, Missouri	23c. DATE SIGNED 8/27/53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/28/1953	24c. NAME OF CEMETERY OR CREMATORY La Belle Cemetery
24d. LOCATION (City, town, or county) (State) La Belle, Missouri		

DATE REC'D BY LOCAL REG. 8-28-53	REGISTRAR'S SIGNATURE P.W. Jennings	25. FUNERAL DIRECTOR'S SIGNATURE Bradley	ADDRESS La Belle, Mo.
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(Licensed Embalmers' Statement on Reverse Side)

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

JAN 3 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 Mysel

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. A. Coder Jr.

Licensed Embalmer No.

4528

P. O. Address

Abelle, 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.