S. No. 300
v. 10.48

FILED SEP 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31250

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 50

0201

1. PLACE OF DEATH
a. COUNTY Cedar Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Spring
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Dorado Spring, Mo. 0201
d. STREET ADDRESS (If rural, give location) 421 So. Main St.

3. NAME OF DECEASED (Type or Print)
a. (First) LULU
b. (Middle) B.
c. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year) Sept 3, 1953

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 24, 1884
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Ill.
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Unknown
13b. MOTHER'S MAIDEN NAME Unknown
14. NAME OF HUSBAND OR WIFE George 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 George Thompson 421 So. Main St. ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4201
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 11 a m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) McGwinn, Coroner
23b. ADDRESS El Dorado Springs Mo
23c. DATE SIGNED 9-3-1953

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9-7-53
24c. NAME OF CEMETERY OR CREMATORY Clintonville Cemetery
24d. LOCATION (City, town, or county) (State) near El Dorado Springs, Mo

DATE REC'D BY LOCAL REG. Sept. 5, 1953
REGISTRAR'S SIGNATURE George W. Napier per H. Knowlton Dep. Reg.
25. FUNERAL DIRECTOR'S SIGNATURE Gwinn Brothers El Dorado Springs Mo. ADDRESS

418-0 (Licensed Embalmer's Statement on Reverse Side)

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

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 Floyd E. Arnathus

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs

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.