FILED OCT 14 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 31283

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 4120 Registrar's No. 19

1. PLACE OF DEATH

a. COUNTY: Christian

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clever

c. LENGTH OF STAY (In this place): 5 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nettie Kemp Resident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Christian

c. CITY OR TOWN: Clever

d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

e. STREET ADDRESS (If rural, give location): No Street Address

6220

3. NAME OF DECEASED (Type or Print)

a. (First): SARAH

b. (Middle): JANE

c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): Oct. 7-1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 7-1857

9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months 1, Days 0 — 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): Nashville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Lentz

13b. MOTHER'S MAIDEN NAME: Rachael Ann Culp

14. NAME OF HUSBAND OR WIFE: Joseph J. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Zelma Thompson, Clever, Missouri

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) Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility - Malnutrition

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

4500

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* Deceased had not been attended by a Doctor in 15 years, 19__, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE John Dean Harris — (Degree or title) Coroner Christian Co.

23b. ADDRESS (No Health Officer) Clever, Missouri

23c. DATE SIGNED Oct. 9-1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Oct. 10-'53

24c. NAME OF CEMETERY OR CREMATORY: Wise Hill Cemetery

24d. LOCATION (City, town, or county) (State): Clever, Missouri

DATE REC'D BY LOCAL REG. Oct 10, 1953

REGISTRAR'S SIGNATURE Albie Dreer

25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: John Dean Harris, Clever, Mo.

(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 eml

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John Dean Harris

Licensed Embalmer No. 439

P. O. Address Clever

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.