

SEP 24 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32553

BIRTH NO. _____ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY: <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township): <u>Hoyt</u>		c. CITY: (If outside corporate limits, write RURAL and give township): <u>Kennett - Independence</u>	
c. LENGTH OF STAY (in this place): _____		d. STREET ADDRESS (If rural, give location): <u>3 mi. S.E. SE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>MEMORIAL HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MILTRAY THOMPSON</u> b. (Middle) <u>CLEMENS</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 8 1953</u>		
5. SEX: <u>F</u>	6. COLOR OR RACE: <u>3 Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): <u>Married</u>	8. DATE OF BIRTH: <u>Feb 27 1918</u>	9. AGE (In years last birthday): <u>35</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>at home</u>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY: <u>HOME MAKING</u>	11. BIRTHPLACE (State or foreign country): <u>Kennett Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME: <u>ALISON THOMPSON</u>		13b. MOTHER'S MAIDEN NAME: <u>Rebecca Potts</u>		13c. NAME OF HUSBAND OR WIFE: <u>Jesse Clemens</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): <u>NO</u>		16. SOCIAL SECURITY NO.: <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: <u>Jesse Clemens - Kennett, Mo. R. 2</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive Cerebellar Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH: <u>3 hrs</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		<u>5 mo.</u>
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, malignant</u>		
		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 <u>331X</u>		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 3 Sept, 1953, to 8 Sept, 1953, that I last saw the deceased alive on 8 Sept, 1953, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE: W. L. ... M.D. (Degree or title) 23b. ADDRESS: Kennett, Mo. 23c. DATE SIGNED: 9 Sept 1953

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: Sept 12 1953 24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge 24d. LOCATION (City, town, or county) (State): Kennett, MO

DATE REC'D BY LOCAL REG.: 9-14-53 REGISTRAR'S SIGNATURE: John W. Korman 4060 S. ELMERAL DIRECTOR'S SIGNATURE: Jacob ... Kennett, Mo. ADDRESS: _____

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

9-298-53

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

SEP 19 1953

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

E. Palmer

Signed.....

Student Embalmer

Licensed Embalmer No. *2556*

P. O. Address *Keokuk, 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.