S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35222

State File No. .....

FILED OCT 19 1953

BIRTH NO. ..... REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 32

0150
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Osage
c. LENGTH OF STAY (in this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Linn Creek - Au Glaze Air Port

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Camden 0150
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osage Beach 0
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) Erwood
c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year): Sep 27 - 1953

5. SEX: Male
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct 13. 1895
9. AGE (In years last birthday): 56 — 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): Air Port Manager
10b. KIND OF BUSINESS OR INDUSTRY: aviation
11. BIRTHPLACE (City and State or Foreign Country): Wabash Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gail David Thompson
13b. MOTHER'S MAIDEN NAME: Mary Jackson
14. NAME OF HUSBAND OR WIFE: Marie Katharyn Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Army
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Records — 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): Crushed Chest — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Punctured Lungs
DUE TO (c): Air Plane Crash

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: E861X 1.39
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Air Field
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Osage 1 Camden Co Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sep 17 1953 5 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Air Plane Crash

22. *I hereby certify that I attended the deceased from* Sep 27, 1953, *to* Sep 27, 1953 *that I last saw the deceased alive on* Sep 27, 1953, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. H. Cedeau M.D.
23b. ADDRESS: Camden Co Mo
23c. DATE SIGNED: 9-28-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sep 29-53
24c. NAME OF CEMETERY OR CREMATORY: [illegible]
24d. LOCATION (City, town, or county) (State): Camden Co Mo

DATE REC'D BY LOCAL REG.: Oct 11-1953
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — ADDRESS: Camden Co

(Licensed Embalmer's Statement on Reverse Side)

OCT 20 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 _____

_____, Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Abbie Woolery

Licensed Embalmer No. 2488

P. O. Address Van Buren

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.