

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41893**

FILED DEC 15 1953

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **178**

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN NEVADA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-HOWARD TWP. 1	
c. LENGTH OF STAY (In this place) 24 HRS.		d. STREET ADDRESS (If rural, give location) 3 MI. S. EAST HUME.	
d. FULL NAME OF HOSPITAL OR INSTITUTION NEVADA CITY HOSPITAL.			

3. NAME OF DECEASED (Type or Print) KAREN JANET THOMPSON.			4. DATE OF DEATH DEC-1-1953.		
a. (First)	b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year)
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED.	8. DATE OF BIRTH JUNE-18-1937		9. AGE (In years last birthday) 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT -	10b. KIND OF BUSINESS OR INDUSTRY HI SCHOOL.		11. BIRTHPLACE (City and State or Foreign County) HUME MISSOURI 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WM. THOMPSON.	13b. MOTHER'S MAIDEN NAME DALSY TAYLOR.	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE.	17. INFORMANT'S SIGNATURE OR NAME Daisy Thompson Hume, Mo.	ADDRESS _____
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphatic leukemia		INTERVAL BETWEEN ONSET AND DEATH 6 mo +
	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.		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 2040
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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? _____
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22. I hereby certify that I attended the deceased from **6-4**, 1953, to **12-1**, 1953, that I last saw the deceased alive on **11-30**, 1953, and that death occurred at **10** a. m., from the causes and on the date stated above.

23a. SIGNATURE W. Nathan Davis M.D.	(Degree or title)	23b. ADDRESS Nevada, Mo	23c. DATE SIGNED 12-2-53
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24a. BURIAL, CREMATION REMOVAL (Specify) BURIAL	24b. DATE 12/2/53	24c. NAME OF CEMETERY OR CREMATORY HUME CEMETERY	24d. LOCATION (City, town, or county) (State) HUME, MISSOURI
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DATE REC'D BY LOCAL REG. 12-11-53	REGISTRAR'S SIGNATURE Wm. J. Ferry	451	25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Soc. Rich Hill, Mo.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

05
1916

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

John G. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.