

FILED MAY 3 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12625

BIRTH NO. _____		REG. DIST. NO. <u>191</u>		PRIMARY REG. DIST. NO. <u>4304</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Livingston</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ludlow, Mo.</u>		c. LENGTH OF STAY (in this place) <u>28</u>		c. CITY OR TOWN <u>Ludlow, Mo.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No. HOME.</u>				e. STREET ADDRESS (If rural, give location) <u>City. 0590</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Heritage</u> c. (Last) <u>Thompson.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 26-1954</u>				
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MARCH 26-1886</u>		9. AGE (In years last birthday) <u>68</u>	If UNDER 1 YEAR Months <u>1</u> Days <u>0</u>	If UNDER 1 HR. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tennessee</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Heritage</u>		13b. MOTHER'S MAIDEN NAME <u>Obedience Lovell</u>		14. NAME OF HUSBAND OR WIFE <u>William Thompson</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>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Thompson</u>		ADDRESS <u>Ludlow Mo.</u>	
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 weeks</u>
				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 <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 <u>April 1953</u> , to <u>April 26, 1954</u> , that I last saw the deceased alive on <u>4-26, 1954</u> , and that death occurred at <u>3:30 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>M. L. Smith</u> (Degree or title)				23b. ADDRESS <u>Chicago Mo</u>		23c. DATE SIGNED <u>4-28-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 28-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Montrol</u>		24d. LOCATION (City, town, or county) (State) <u>Ludlow Mo.</u>		
DATE RECD BY LOCAL REG. <u>April 28/1954</u>		REGISTRAR'S SIGNATURE <u>Julia L. Ewing</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Dickerson Funeral Home</u>		ADDRESS <u>Boyard, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 44

P. O. Address..... Carroll

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.