

THE DIVISION OF HEALTH - MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12825

FILED MAY 3 1954

BIRTH NO. REG. DIST. NO. 281 PRIMARY REG. DIST. NO. 5806 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural Hopkins Twp.		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural Hopkins Twp. 0740	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) Grover Cleveland b. (Middle) c. (Last) Thompson		4. DATE OF DEATH (Month) (Day) (Year) Apr. 28, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 24, 1886
9. AGE (In years last birthday) 67		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (State or foreign country) Bedford, Iowa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. NAME OF HUSBAND OR WIFE Dorothea Thompson	
13a. FATHER'S NAME Kellar Thompson		13b. MOTHER'S MAIDEN NAME Mary E. Morris	
14. NAME OF HUSBAND OR WIFE Dorothea Thompson		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs Dorothea Thompson, Hopkins, Mo	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Carcinoma of Stomach, 2 yrs</i> 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) 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 151 X	
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 4/1, 1954 to 4/28, 1954 and that I last saw the deceased alive on 4/26, 1954 and that death occurred at 9 A. M., from the causes and on the date stated above.			
23a. SIGNATURE <i>C. M. ...</i>		23b. ADDRESS Hopkins	
23c. DATE SIGNED 4/29/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 30, 1954	
24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, Mo.	
DATE REC'D BY LOCAL REG. 4-30-54		REGISTRAR'S SIGNATURE Kess Holt - 224	
25. FUNERAL DIRECTOR'S SIGNATURE Stanley Swanson		ADDRESS Hopkins, 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 embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

*myself*

Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Stanley Swanson*

Licensed Embalmer No. \_\_\_\_\_

*3963*

P. O. Address \_\_\_\_\_

*Hopkins, 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.