

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14637

State File No.

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLARENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CLARENCE</u> 1020	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LULA</u> b. (Middle) <u>BELLE</u> c. (Last) <u>THOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 27 1954</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	
8. DATE OF BIRTH <u>AUG 19 1894</u>		9. AGE (in years last birthday) <u>95</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSE KEEPING</u>		11. BIRTHPLACE (State or foreign country) <u>MO</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>J. G. WHILES</u>		13b. MOTHER'S MAIDEN NAME <u>URSLEY RANEY</u>		14. NAME OF HUSBAND OR WIFE <u>NA. THOMPSON</u>	
----------------------------------------	--	-----------------------------------------------	--	-------------------------------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>VINCEH MOSS</u> ADDRESS <u>CLARENCE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		DUE TO (b) <u>Common Cold</u>				<u>3 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Senile Debility</u>				<u>7 days</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>10 yrs.</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) (Min) _____		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 May, 1950, to Apr 27, 1954, that I last saw the deceased alive on APRIL 24, 1954, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. L. Edrington D.D.</u>		23b. ADDRESS <u>Clarence, Mo.</u>		23c. DATE SIGNED <u>4/30/54</u>	
--------------------------------------------------------------	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-30-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BETHLEHAM CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MACON COUNTY MO</u>	
DATE REC'D BY LOCAL REG. <u>5-4-54</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles V. Steen</u>		ADDRESS <u>Clarence Mo</u>	

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

MAY 10 1954

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 *Charles V. Henry*

Licensed Embalmer No. *4625*

P. O. Address *Claremont 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.