

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 16215
2247

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannas City		c. LENGTH OF STAY (In this place) 16 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kearney		6000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital			d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED a. (First) Nellie (Type or Print)			b. (Middle) Elmira	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) May 17 1954	
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 16 1894	9. AGE (In years last birthday) 59	if UNDER 1 YEAR Months	if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Gen. Household	11. BIRTHPLACE (State or foreign country) Algood Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Raymond J. Danner		13b. MOTHER'S MAIDEN NAME Mary Hanes	14. NAME OF HUSBAND OR WIFE Joe J. 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 ADDRESS Clyde D. Thompson Kearney 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 10 days
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension + DUE TO (c) Diabetes Mellitus			20 yrs - 260X
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 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 Aug, 1950 to May 17, 1954, that I last saw the deceased alive on May 16, 1954, and that death occurred at 6:00 a.m., from the causes and on the date stated above.						
23a. SIGNATURE Glenn W. Hendren (Degree or title) Glenn W. Hendren M.D.			23b. ADDRESS Liberty, Mo		23c. DATE SIGNED 5/18/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 19 1954	24c. NAME OF CEMETERY OR CREMATORY Fairview Cem.		24d. LOCATION (City, town, or county) (State) Kearney Mo.		
DATE REC'D BY LOCAL REG 5-18-54	REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard Fry Kearney Mo			

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed

Leonard Fry

Signed.....

Student Embalmer

Licensed Embalmer No. *1677*

P. O. Address *Kearney Mo*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.