

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18221**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3012		Registrar's No. 231			
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau					
b. CITY (If outside corporate limits, write RURAL and give town) Cape Girardeau		c. LENGTH OF STAY (In this place) 32 yrs.		c. CITY OR TOWN Cape Girardeau		d. In 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 503 S. Sprigg St.				e. STREET ADDRESS (If rural, give location) 503 S. Sprigg St. 016%					
3. NAME OF DECEASED (Type or Print) Eunice Dessie Thompson			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH June 22, 1954		(Month)		(Day)		(Year)			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 19, 1900		9. AGE (In years last birthday) 53	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Oran, Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Lafe McCray			13b. MOTHER'S MAIDEN NAME Mary Estes			14. NAME OF HUSBAND OR WIFE Raymond Thompson			
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 Raymond Thompson				ADDRESS Cape Girardeau, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 8 hrs.	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Previous Cerebral hemorrhage 8 mos. Prior				DUE TO (c) Hypertensive Cardiac vascular disease					
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 443 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 April 10, 1954 , to June 22, 1954 , that I last saw the deceased alive on April 22, 1954 , and that death occurred at 4:50 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE John C. Summers				(Degree or title) med. Cape Girardeau Mo		23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED June 22, 1954	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/25/54		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.			
DATE REC'D BY LOCAL REG. 6-24-54		REGISTRAR'S SIGNATURE C. C. Summers		44-0		25. FUNERAL DIRECTOR'S SIGNATURE C. J. Loring			
						ADDRESS Cape Girardeau, Mo.			

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

396: 9 I 70P

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 *C. J. Lorberg*
Licensed Embalmer No. *38*

P. O. Address *Cap Girard*

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.