

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26038**

FILED JUL 27 1954

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>126</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>VERNON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		c. LENGTH OF STAY (In this place) <u>25 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u>		1082 0			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>728 W. Hunter</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mattie</u>			b. (Middle) <u>Pearl</u>		c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 - 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>June 15 - 1881</u>		9. AGE (In years last birthday) <u>73</u> UNDER 1 YEAR: Months <u>0</u> Days <u>8</u> IF UNDER 24 HRS. 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>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Texas Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Dennis Springer</u>			13b. MOTHER'S MAIDEN NAME <u>Julia White</u>		14. NAME OF HUSBAND OR WIFE <u>Charley Thompson</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Eva Ruddell</u> ADDRESS <u>Okla. City - Ok.</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>Glomerular Nephritis</u> ANTECEDENT CAUSES <u>Memoria</u> 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.						INTERVAL BETWEEN ONSET AND DEATH <u>2 MONTHS</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) _____		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>5-4, 1954</u> to <u>7-3, 1954</u> , that I last saw the deceased alive on <u>7-3, 1954</u> and that death occurred at <u>9 p. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>M. O. Davis, M.D.</u>				23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>7-5-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-6-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Barton City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Neosho Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-20-54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Kirby</u> <u>451</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Halls Funeral Service Inc. Neosho</u> ADDRESS <u>Mo.</u>					

(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 \_\_\_\_\_

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

working under my personal supervision.

Student .....  
Student Embalmer

Signed *H. H. Marmaduke*

Licensed Embalmer No. 2070

P. O. Address Prussia, 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.