

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34424**

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 33

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

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLDEN		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HOLDEN	
d. FULL NAME OF HOSPITAL OR INSTITUTION EAST PACIFIC ST.		d. STREET ADDRESS (If rural, give location) EAST PACIFIC ST.	

3. NAME OF DECEASED (Type or Print) MARY ELIZABETH THOMPSON	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH OCT. 29, 1954
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH NOV. 14, 1868	9. AGE (In years last birthday) 85	If UNDER 1 YEAR Months Days	If UNDER 1 MIN. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE	10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and State or Foreign Country) FERGUSON WEST VIRGINIA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JACOB LYCAN	13b. MOTHER'S MAIDEN NAME JANE CRIDER	14. NAME OF HUSBAND OR WIFE H.B. THOMPSON
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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 H.B. THOMPSON	ADDRESS HOLDEN, MO.
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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, asphyxia, 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) Chronic Myocarditis		
	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. Gen Arteriosclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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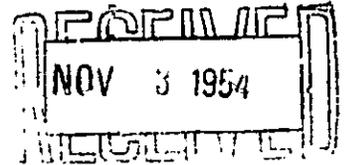
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1945, to Oct 28, 1954, that I last saw the deceased alive on Oct 28, 1954, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. J. Kelly Rawlins	23b. ADDRESS Holden Mo	23c. DATE SIGNED 11/1/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE OCT. 31, 1954	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW-LDS-CEMETERY	24d. LOCATION (City, town, or county) HOLDEN, MO.
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DATE REC'D BY LOCAL REG. Nov 2, 1954	REGISTRAR'S SIGNATURE Mrs. G. V. Redford	25. FUNERAL DIRECTOR'S SIGNATURE E. B. Cast	ADDRESS Holden, Mo
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JOHNSON COUNTY HEALTH DEPT.

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 E. B. Cant

Licensed Embalmer No. 4059

P. O. Address Holden, 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.