

FILED MAY 16 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12592**

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **191** PRIMARY REG. DIST. NO. **4304** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Lewington</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>mo</b> b. COUNTY <b>Lewington</b>	
b. CITY (If outside corporate limits, give RURAL and give township) <b>Ludlow</b>	c. LENGTH OF STAY (In this place) <b>7 mo.</b>	c. CITY OR TOWN <b>Chelletoth</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Eva Gilland Nurse Home</b>		e. STREET ADDRESS (If rural, give location) <b>311 Bridge</b> <span style="float: right;">050</span>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) <b>Sylvester</b> c. (Last) <b>Thompson</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>5-8-55</b>
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5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>	8. DATE OF BIRTH <b>April 10-1868</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Robert Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Emmaline Melton</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lena M. Mahaffey</b>	ADDRESS <b>Dawn mo.</b>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach</b>	INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
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.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **May 17 1955** to **May 8 1955** and that I last saw the deceased alive on **May 8 1955**, and that death occurred at **8:01** p.m., from the causes and on the date stated above.

SIGNATURE <b>[Signature]</b>	(Degree or title)	23b. ADDRESS <b>M.D. Chelletoth Mo.</b>	23c. DATE SIGNED <b>5-9-55</b>
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BURIAL, CREMATION, OR REMOVAL (Specify) <b>burial</b>	DATE <b>5-15-55</b>	24. NAME OF CEMETERY OR CREMATORY <b>Wheeling Cen</b>	24d. LOCATION (City, town, or county) (State) <b>Wheeling MO</b>
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REC'D BY LOCAL REG. <b>May 11 1955</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. GENERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Chelletoth MO</b>
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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.....  
Signature of Student Embalmer

Signed..... *Chicketto*

Licensed Embalmer No. 322

P. O. Address *Chicketto*

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.