

No. 300
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FILED AUG 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21250

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 833

1. PLACE OF DEATH
a. COUNTY Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Buchanan

b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Joseph township) c. LENGTH OF STAY (in this place) 11 years

c. CITY OR TOWN St. Joseph d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Wyatt Park Nursing Home 3705 Lafayette St.

f. STREET ADDRESS (If rural, give location) 3205 Miller Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Jane c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year) July 29, 1955

5. SEX female / white

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH February 11, 1853 9. AGE (In years last birthday) 102 IF UNDER 1 YEAR Months Days 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 own home

11. BIRTHPLACE (City and State or Foreign Country) Albany, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Nathaniel Thompson

13b. MOTHER'S MAIDEN NAME Irena Newman

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Garnett Parman, 3205 Miller Ave., St. Joseph, 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* (a) cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) hemorrhage DUE TO (c) rectal tumor II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. H10X

INTERVAL BETWEEN ONSET AND DEATH 2 days work not done

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 24, 1955, to July 29, 1955, that I last saw the deceased alive on July 29, 1955, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Colles Rounding MD

23b. ADDRESS Kirkpatrick Bldg. City

23c. DATE SIGNED July 31, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE 7/29/1955

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State) Albany, Missouri

DATE REC'D BY LOCAL REG. Aug 9, 1955 REGISTRAR'S SIGNATURE 485 Esther M. Allison

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geaton-Bowman St Joseph

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..... *Wynne Wood*

Licensed Embalmer No. *38*

P. O. Address *319 S. 10th St.*

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.