

FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25099**
115

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 6231		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural - Richmond Township		c. LENGTH OF STAY (in this place) 23 yrs		c. CITY OR TOWN Rural		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Vestal Heights, Mo.				STREET ADDRESS (If rural, give location) West of Merwin Mo - Bates County			
3. NAME OF DECEASED (Type or Print) a. (First) Mellie		b. (Middle) J.		c. (Last) Thompson		4. DATE OF DEATH (Month) (Day) (Year) 7 - 27 - 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 7-25-1886		9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 11 Days 26	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming (Retired)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Roshill Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dudley E. Thompson		13b. MOTHER'S MAIDEN NAME Francis G. Bacon		14. NAME OF HUSBAND OR WIFE no name			
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 ADDRESS Lillian E. Thompson - Richards 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myogenic Sarcoma of uterus with metastases				INTERVAL BETWEEN ONSET AND DEATH unknown	
		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. 174 X					
19a. DATE OF OPERATION Feb 22, 1955		19b. MAJOR FINDINGS OF OPERATION large fibroid containing sarcoma.				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 Feb 16, 1955 , to July 27, 1955 that I last saw the deceased alive on July 17, 1955 , and that death occurred at 4:45 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Lorne J. Paeoe MD				23b. ADDRESS Nevada Mo		23c. DATE SIGNED July 23, 1955	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-23-1955		24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery		24d. LOCATION (City, town, or county) (State) Near Merwin Bates Mo	
DATE REC'D BY LOCAL REG 7-25-'55		REGISTRAR'S SIGNATURE Uma E. Gerry		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miss Funeral Service Inc Merwin Mo			

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 *H. H. Jarmaduke*.....

Licensed Embalmer No. *207*.....

P. O. Address *Florida, Fla.*.....

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.