

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH28227  
State File No. 7229  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. <b>28227</b>		Registrar's No. <b>7229</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Kentucky</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>			c. LENGTH OF STAY (in this place) <b>23 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RR 2; Fancy Farm Mayfield</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Same</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Catherine</b>			b. (Middle) <b>NNN</b>		c. (Last) <b>Thompson</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>August 18, 1955</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 16, 1925.</b>		9. AGE (in years last birthday) <b>30.</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Graves County, Kentucky. /</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Arthur Burgess.</b>			13b. MOTHER'S MAIDEN NAME <b>Anna May Burgess.</b>			14. NAME OF HUSBAND OR WIFE <b>Charles R. Thompson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no.</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Charles R. Thompson, RR #2, Mayfield, Key.</b>					
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) <b>Ulcerative colitis with perforation of sigmoid colon. Peritonitis and shock</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Ulcerative colitis</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>							INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>  <b>8 mos.</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION  <b>572.2</b>							20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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 <b>7-26</b> , 1955, to <b>8-18</b> , 1955, that I last saw the deceased alive on <b>8-18</b> , 1955, and that death occurred at <b>12:15 p.m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>JR. Pringle</b>				23b. ADDRESS <b>Barnes Hospital</b>				23c. DATE SIGNED <b>8-18-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>8-19-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Jerome Cemetery.</b>		24d. LOCATION (City, town, or county) (State) <b>Mayfield, Kentucky</b>				
DATE REC'D BY LOCAL REG. <b>AUG 19 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.</b>				

WRITE PLAINLY—USING UNFADEING 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Arnold W. Schoene*

Signed.....

Student Embalmer

Licensed Embalmer No. *3864*

P. O. Address *St. Louis, 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.