

FILED NOV 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32598

BIRTH NO.		REG. DIST. NO. 74	PRIMARY REG. DIST. NO. 5295	Registrar's No. 32
1. PLACE OF DEATH a. COUNTY Clinton Co.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Mo b. COUNTY Clinton		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Plattsburg		c. LENGTH OF STAY (in this place) Concord Loop - 4 yrs 4 yrs		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 Lewis Nursing Home		e. STREET ADDRESS (if rural, give location) 0250		
3. NAME OF DECEASED (Type or Print) Thompson		a. (First) L.	b. (Middle) E.	c. (Last) Douglass
4. DATE OF DEATH (Month) (Day) (Year) Oct 19 - 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 22 - 1865	9. AGE (In years last birthday) 90 yr
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Wood work		11. BIRTHPLACE (City and State or Foreign Country) Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME Thompson		13b. MOTHER'S MAIDEN NAME Douglass		14. NAME OF HUSBAND OR WIFE Lulu
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. Luther Thompson
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) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 332X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ADDRESS 3423 Anderson
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) (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 Oct 17, 1955, to Oct 19, 1955, that I last saw the deceased alive on Oct 19, 1955, and that death occurred at 6 P. M., from the causes and on the date stated above.				
23a. SIGNATURE W. B. Beshalung MD		23b. ADDRESS Plattsburg Mo		23c. DATE SIGNED Oct 19 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct 21 - 55		24c. NAME OF CEMETERY OR CREMATORY Mt Olivet
24d. LOCATION (City, town, or county) (State) Pleasanton Mo				
DATE REC'D BY LOCAL REG. Oct 25 - 1955		REGISTRAR'S SIGNATURE Elizabeth Deace		441 -
25. FUNERAL DIRECTOR'S SIGNATURE Leonard Fry		ADDRESS Pleasanton Mo		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—HAWK

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 *C. A. Neill*.....

Licensed Embalmer No. *25*.....

P. O. Address *Smith*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.