

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21457**

FILED JUL 16 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5923** Registrar's No. **274**

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| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE Mo b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give township) Sedalia R.R. 4 | | c. CITY (If outside corporate limits, write RURAL and give township) Sedalia R.R. 4 | |
| c. LENGTH OF STAY (In this place) 9 yrs | | d. STREET ADDRESS (If rural, give location) 3 Mi. N.W. of Sedalia, Mo. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Route 4 - 3 Mi. N.W. of Sedalia | | | |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED a. (First) Canzida b. (Middle) Thompson c. (Last) Thompson | | | 4. DATE OF DEATH (Month) (Day) (Year) 7-9-1956 | | |
|--|--|--|---|--|--|

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|----------------------|--|-------------------------------|--|---|--|-----------------------------------|--|---|--|---------------------------------|--|---------------------------------|--|
| 5. SEX Female | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 1-15-1873 | | 9. AGE (In years last birthday) 83 | | 10. IF UNDER 1 YEAR Months Days | | 11. 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) housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Farm | | | 11. BIRTHPLACE (City and State and Foreign Country) Miller Co. Mo | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
|--|--|--|---|--|--|--|--|--|--|--|--|

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|---------------------------------------|--|--|--|--|--|---|--|--|
| 13a. FATHER'S NAME Lawyer Webb | | | 13b. MOTHER'S MAIDEN NAME Jane Webb | | | 14. NAME OF HUSBAND OR WIFE Forrest Thompson | | |
|---------------------------------------|--|--|--|--|--|---|--|--|

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|---|--|-------------------------------------|--|---|--|------------------------------|--|
| 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 Forrest Thompson | | ADDRESS Rt. 4 Sedalia | |
|---|--|-------------------------------------|--|---|--|------------------------------|--|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES DUE TO (b) Hypertensive Heart Disease | | | | | | unknown | |
| | | DUE TO (c) | | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | |

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|------------------------|--|----------------------------------|--|--|--|--|--|---|--|
| 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 (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? | |
|---|--|--|--|----------------------------|--|

22. I hereby certify that I attended the deceased from **4-13, 1956**, to **7-9, 1956**, that I last saw the deceased alive on **7-9, 1956**, and that death occurred at **7:30 P.M.**, from the causes and on the date stated above.

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|--|--|--|--|---------------------------------|--|
| 23a. SIGNATURE (Degree or title) C. J. Reynolds, M.D. | | 23b. ADDRESS 108 1/2 W. Main Sedalia, Mo. | | 23c. DATE SIGNED 7-11-56 | |
|--|--|--|--|---------------------------------|--|

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|---|--|----------------------------|--|---|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 7-12-1956 | | 24c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery | | 24d. LOCATION (City, town, or county) (State) Versailles, Morgan Mo | |
|---|--|----------------------------|--|---|--|--|--|

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| DATE REC'D BY LOCAL REG. 7-12-56 | | REGISTRAR'S SIGNATURE Laura W. ... Deputy | | 25. FUNERAL DIRECTOR'S SIGNATURE (Address) B. D. ... Sedalia Mo | |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2000-01-01

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

Student Embalmer

Signed _____

F. Longman

Licensed Embalmer No. _____

2172

P. O. Address _____

Sedona

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.