

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22913**
REGISTRAR'S No. **803**

FILED AUG 6 - 1956

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		REGISTRAR'S No. 803	
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 OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 62 years		c. CITY OR TOWN St. Joseph		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2708 Osage Street				e. STREET ADDRESS (If rural, give location) 2708 Osage Street			
3. NAME OF DECEASED (Type or Print) a. (First) REBECCA b. (Middle) FRANCES c. (Last) THOMPSON			4. DATE OF DEATH July 24, 1956 (Month) (Day) (Year)				
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH August 26, 1857	
9. AGE (in years last birthday) 98		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Dearborn, Missouri	
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			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Williams		13b. MOTHER'S MAIDEN NAME Channa Hurst		14. NAME OF HUSBAND OR WIFE Philander Thompson			
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 Jess Thompson, 2708 Osage, St. Joseph, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Stomach		INTERVAL BETWEEN ONSET AND DEATH 9mo. +					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 151X					
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 2-8-56 , 19____, to 7-24-56 , 19____, that I last saw the deceased alive on 7-24-56 , 19____, and that death occurred at 3:50p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. C. Senne me (Degree or title) _____				23b. ADDRESS 207 P & S Bldg St Joseph, Mo		23c. DATE SIGNED 7-26-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7/26/1956		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri	
DATE REC'D BY LOCAL REG July 31, 1956		REGISTRAR'S SIGNATURE Eather W. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Hester-Bowman ADDRESS St Joseph, Mo.			

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

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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 *William Spalding*.....

Licensed Embalmer No. *4530*

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.