

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29939**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1055**

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| 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. CITY OR TOWN St. Joseph | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hovey Nursing Home | | e. STREET ADDRESS (If rural, give location) 110 So. 10th St. | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) OLLIE | b. (Middle) EDNA | c. (Last) THOMPSON | 4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1956 |
|---|----------------------------|------------------------------|---|

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|-------------------------|----------------------------------|--|--|--|--------------------------------|--------------------------------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Nov. 27, 1876 | 9. AGE (in years last birthday) 79 | IF UNDER 1 YEAR Months Days | 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) House work | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and State or Foreign Country) Princeton, Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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|--------------------------------------|---|---|
| 13a. FATHER'S NAME Unknown | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE Edward Thompson |
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| 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 Mrs. R.W. Crigler-Joplin, Mo. | ADDRESS Mo. |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 3 mos. |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of the Colon | | |
| | 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. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 153x | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from **10/20**, 19**54**, to **9/21**, 19**56**, that I last saw the deceased alive on **9/20**, 19**56**, and that death occurred at **9:45a** m., from the causes and on the date stated above.

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| 23a. SIGNATURE H. J. Mundy M.D. | (Degree or title) | 23b. ADDRESS 2801 Sacramento St. St. Joseph, Missouri | 23c. DATE SIGNED 9/22/56 |
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|---|-------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 9-23-1956 | 24c. NAME OF CEMETERY OR CREMATORY Underwood Cemetery | 24d. LOCATION (City, town, or county) (State) Mercer, Missouri |
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| DATE REC'D BY LOCAL REG. Oct 1, 1956 | REGISTRAR'S SIGNATURE Ethel M. Allison | 25. FUNERAL DIRECTOR'S SIGNATURE Barry-Harman | ADDRESS St. Joseph, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1850

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 *Charles M. Harmon*.....

Licensed Embalmer No. 4487.....

P. O. Address Wathena, ..KS....

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.