

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4292

FILED FEB 19 1957

STATE FILE NUMBER

Registration District No. 120

Primary Registration District No. 5444

Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ATHENS TWP</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>rural 0388</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>New Castle Comm</u>			Length of stay in 1b <u>2 years</u>		d. STREET ADDRESS (If outside, give location) <u>New Castle Community</u>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Viola</u> Middle <u>Elizabeth</u> Last <u>Thompson</u>				4. DATE OF DEATH Month <u>February</u> Day <u>7</u> Year <u>1957</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Sept 18, 1871</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months <u>4</u> Days <u>10</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>housewife</u>		11. BIRTHPLACE (City and state or country) <u>Gentry Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>James Washington Banie</u>				14. MOTHER'S MAIDEN NAME <u>Dorinda Ann Beardsley</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs Curtis Rowman McFall Mo.</u> Address				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial hypertension</u>							INTERVAL BETWEEN ONSET AND DEATH <u>20 years</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>myocarditis</u>					10 : 1		
		DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Albany Gentry</u>			COUNTY <u>Mo.</u>		STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>2:30</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Frank H. Rose, M.D.</u>				22b. ADDRESS <u>Albany Mo.</u>				22c. DATE SIGNED <u>2-9-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Feb 9 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>			23d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>		
24. FUNERAL DIRECTOR ADDRESS <u>Clifford Brooks Albany, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>Feb 11-57</u>		26. REGISTRAR'S SIGNATURE, <u>Maudie Williams</u>			

health, Welfare Public service
300 7-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

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 me Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Donald E. Cochell*

Licensed Embalmer No. 48

P. O. Address ... Albany, ..

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.