

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **7461**BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 99

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>2 mos.</u>	c. CITY OR TOWN <u>Greensburg</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Nursing Home #2</u>		STREET ADDRESS (If rural, give location) <u>0520</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Ester</u> c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 12 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct. 9, 1860</u>
9. AGE (In years last birthday) <u>96</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Lewis Co., Mo.</u>
13a. FATHER'S NAME <u>Washington Burkhardt</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ANN Kennedy</u>	14. NAME OF HUSBAND OR WIFE <u>John Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. C. H. Brossard</u> ADDRESS <u>Greensburg, Mo.</u>
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) <u>Medullary Failure</u> INTERVAL BETWEEN ONSET AND DEATH <u>45 minutes</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> <u>9 days</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4500	
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 <u>Jan 10, 1957</u> , to <u>March 12, 1957</u> , that I last saw the deceased alive on <u>March 12, 1957</u> , and that death occurred at <u>6:45</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>George A. Scheurer</u>		23b. ADDRESS <u>Dr. O. Kirkville, Mo.</u>	
23c. DATE SIGNED <u>3-12-57</u>		23d. NAME OF CEMETERY OR CREMATORY <u>LaBelle</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MARCH 14, 1957</u>	
24c. LOCATION (City, town, or county) <u>LaBelle Missouri</u>		24d. (State) _____	
DATE REC'D BY LOCAL REG. <u>3-14-1957</u>		REGISTRAR'S SIGNATURE <u>Doris W. Rath</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertrude Baskitt</u>		ADDRESS <u>Memphis Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 4

No. 300

10-48

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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 *Albert C. Gerth*.....

Licensed Embalmer No. *425*
P. O. Address *Memphis*

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.