

FILED NOV 19 1957

## STANDARD CERTIFICATE OF DEATH

41014  
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 116

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Mt. Vernon		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium		Length of stay in 1b 449 days	d. STREET ADDRESS 615 S. Douglas		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Florence Victoria Thompson			4. DATE OF DEATH Nov. 6, 1957 Month Day Year			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Sept. 22, 1888	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Republic, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Sam Hagewood		13b. MOTHER'S MAIDEN NAME Mattie Goodman		14. NAME OF HUSBAND OR WIFE		
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 Address San. records, Mo. State Sanatorium, Mt. Vernon, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary tuberculosis					INTERVAL BETWEEN ONSET AND DEATH approx. 6 yrs.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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 checked="" type="checkbox"/> NO <input 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 Month, Day, Year a.m. p.m.						
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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		COUNTY STATE	
21. I attended the deceased from 8 - 14 - 56, to 11-6-57 and last saw her alive on 11-6-57 Death occurred at 7:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Deceased or title) O. A. Brasler, M.D.			22b. ADDRESS Mt. Vernon, Mo.		22c. DATE SIGNED 11-6-57	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11-6-57	23c. NAME OF CEMETERY OR CREMATORY Lindsey Chapel Cemetery	23d. LOCATION (City, town, or county), (State) Republic Mo.			
24. FUNERAL DIRECTOR Kenneth Jackson, Sarsap, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-6-57	26. REGISTRAR'S SIGNATURE Leil Hendricks		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

300  
-57

(Licensed Embalmer's Statement on Reverse Side)

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. 3954 working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Wm A Jackson

Licensed Embalmer No. 3954

P. O. Address Jackson

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.