

FILED DEC 3-1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41050**

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>4293</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elsberry</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>		c. CITY OR TOWN <u>Winfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>LaDelle Nurs. Home</u>				e. STREET ADDRESS (If rural, give location) <u>0570</u>			
3. NAME OF DECEASED (Type or Print) <u>MORA</u>		a. (First)		b. (Middle) <u>ESTELLE</u>		c. (Last) <u>THOMPSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 2, 1957</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>June 2, 1886</u>		9. AGE (In years last birthday) <u>71</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>telephone operator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>RFD - Winfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Charles H. Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Mora Lee Kate Wise</u>		14. NAME OF HUSBAND OR WIFE <u>none</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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary K. Alloway -4508 Shenandoah- St. Louis</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u>  -ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) <u>4200</u>				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Combined sclerosis of the spinal cord</u> <u>Pernicious anemia</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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) (Min.)		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>Nov 12, 1954</u> , to <u>Nov 2, 1957</u> , that I last saw the deceased alive on <u>Nov 1, 1957</u> , and that death occurred at <u>3:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Deceased or title) <u>Robert M. Kull</u>				23b. ADDRESS <u>Elsberry Mo</u>		23c. DATE SIGNED <u>Nov 6/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>11-4-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elsberry, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11/30/57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kuntz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O'Carlan Ricks - Elsberry, Mo.</u>		ADDRESS	

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

455  
0

Dec 17 1901  
No. 1000  
Name of Deceased  
Age at Death  
Sex  
Color  
Place of Birth  
Date of Death  
Cause of Death  
Place of Burial  
Name of Undertaker  
Signature of Undertaker  
Signature of Embalmer  
Signature of Student Embalmer

**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.....  
*O. G. Galantich*

Licensed Embalmer No. *4012*  
P. O. Address *Elobery*

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.