

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43247**

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 4517		Registrar's No. 97			
1. PLACE OF DEATH a. COUNTY Taney				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Taney					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Branson		c. LENGTH OF STAY (In days) all life		c. CITY OR TOWN Branson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Spargo Hospital				e. STREET ADDRESS (If rural, give location) 911 W-Main St. 1060					
3. NAME OF DECEASED (Type or Print) a. (First) Susie b. (Middle) LeCitta c. (Last) Thompson				4. DATE OF DEATH (Month) (Day) (Year) 11-25-57					
5. SEX Female		6. COLOR OR RACE N		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow		8. DATE OF BIRTH 11-14-1870			
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		9b. KIND OF BUSINESS OR INDUSTRY none		9. AGE (In years) last birthday 87		10. IF UNDER 1 YEAR: Months 11 Days _____			
11. BIRTHPLACE (City and State or Foreign Country) Taney-Co. MO		12. CITIZEN OF WHAT COUNTRY? USA		11. BIRTHPLACE (City and State or Foreign Country) Taney-Co. MO		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Isaac Moore		13b. MOTHER'S MAIDEN NAME Elizabeth Wilson		14. NAME OF HUSBAND OR WIFE Deceased Charles Thompson					
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. no		17. INFORMANT'S SIGNATURE OR NAME JM Thompson ADDRESS Branson					
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach metastases				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
				ANTECEDENT CAUSES Morbidity 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. none					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) 141X					
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 after , 1957, to Nov. 25 , 1957, that I last saw the deceased alive on Nov. 25 , 1957, and that death occurred at 11:30 pm. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) J. D. Bennett M.D.				23b. ADDRESS Branson MO.		23c. DATE SIGNED 11-27-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-27-57		24c. NAME OF CEMETERY OR CREMATORY Grave Memorial Park Branson		24d. LOCATION (City, town, or county) (State) MO			
DATE REC'D BY LOCAL REG. 12-4-57		REGISTRAR'S SIGNATURE Deleue Campbell		25. FUNERAL DIRECTOR'S SIGNATURE Whitcheal Funeral Home		ADDRESS Branson MO			

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

De Bennett

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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 *Minnie S. Wheelabel*

Licensed Embalmer No. *2277*

P. O. Address *Brantley*

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.