

FILED VS JUL 20 1959

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024355

STATE FILE NUMBER

Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 22

S. 300
v. 1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Caldwell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Caldwell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Polo</u>		c. CITY OR TOWN <u>Polo</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1</u>		d. STREET ADDRESS (If outside, give location) <u>0130</u>	
3. NAME OF DECEASED (Type or print) First <u>Fannie C.</u> Middle <u>Thomson</u> Last <u>Thomson</u>		4. DATE OF DEATH Month <u>June</u> Day <u>17</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</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>Jan. 18 - 1864</u>
9. AGE (In years last birthday) <u>95</u>		IF UNDER 1 YEAR Months <u>3</u> Days	IF UNDER 24 HRS. Hours <u>2</u> 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 country) <u>Caldwell Co Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>Daniel Brown</u>	
13b. MOTHER'S MAIDEN NAME <u>Elvadrney Mumpson</u>		14. NAME OF HUSBAND OR WIFE <u>B. H. Thomson (Dec)</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT Address <u>Mrs Edith Kincaid Polo Mo</u>
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>Cerebral hemorrhage</u> DUE TO (b) <u>Arterial Sclerosis, Senility</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>Dr. J. -</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>33ix</u>			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 _____ a.m. _____ p.m. _____		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 COUNTY STATE	
21. I attended the deceased from <u>Feb 1957</u> , to <u>6/17/59</u> and last saw her alive on <u>6/10/59</u> Death occurred at <u>11 PM</u> on <u>June 17 - 1959</u> m or the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Chas P. Smith</u>		22b. ADDRESS <u>P.O. Summit Mo 640</u>	
22c. DATE SIGNED <u>6/25/59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>6-19-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Cowgic</u>	
23d. LOCATION (City, town, or county) (State) <u>Cowgic Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Alexander + Lowley Polo Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>July 16, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Elady Jones</u>	

(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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 4924
P. O. Address Polo, Mo.

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.