

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035698

FILED VS. OCT 10 1960 274

Registration District No. _____ Primary Registration District No. **3052** Registrar's No. **240**

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Pettis	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia	a. STATE Missouri	b. COUNTY Pettis
Length of stay in 1b 66 years		c. CITY OR TOWN Sedalia	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hospital		d. STREET ADDRESS Route #5	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First L.	Middle BERTA	Last THOMSON	4. DATE OF DEATH	Month October	Day 5	Year 1960
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-14-1879	9. AGE (last birthday) 80	IF UNDER 1 YEAR	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Teacher	10b. KIND OF BUSINESS OR INDUSTRY Music Instructor	11. BIRTHPLACE (City and state or country) Slater, Mo.	12. CITIZEN OF WHAT COUNTRY United States
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13a. FATHER'S NAME Robert K. Thomson	13b. MOTHER'S MAIDEN NAME Mary Plant Thomson	14. NAME OF HUSBAND OR WIFE ---
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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 Miss Lillian Thomson R #5 Sedalia, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pneumonia	INTERVAL BETWEEN ONSET AND DEATH 3 Wks.
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) Generalized Artero Sclerosis- Parkinsonism, chronic	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.) No.
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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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
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21. I attended the deceased from **September 14, 1960** **to** **October 5, 1960** **and last saw her/him alive on** **October 4, 1960**
Death occurred at **1:30 PM** **on the date stated above, and to the best of my knowledge, from the causes stated.**

22a. SIGNATURE (Degree or title) <i>W. A. Beck</i>	22b. ADDRESS 500 W 16 Sedalia Mo	22c. DATE SIGNED 10/7/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE October 8, 1960	23c. NAME OF CEMETERY OR CREMATORY Smithton Cemetery	23d. LOCATION (City, town, or county) Smithton, Mo.	23e. STATE
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24. FUNERAL DIRECTOR D.W. Heckart - Sedalia, Mo.	25. DATE RECD. BY LOCAL REG. 10-8-1960	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 22 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Richard D. Conn

Licensed Embalmer No. 4703

P. O. Address Sedalia, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.