

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7384

BIRTH NO. REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (in this place) <u>Some time</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		1085
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>904. S. Spring</u>			d. STREET ADDRESS (If rural, give location) <u>904. S. Spring St.</u>		

3. NAME OF DECEASED (Type or Print) <u>Alberta Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-14-50</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>3-9-1869</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>23</u>	Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Pleasant Hill, Mo!</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>C. N. McCanahan</u>		13b. MOTHER'S MAIDEN NAME <u>Tabitha McCanahan</u>		14. NAME OF HUSBAND OR WIFE <u>W. S. Thompson</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/> NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Fred S. Wilson, St. Louis Mo.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 1/2 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive heart disease</u>	?
	DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1. 2A 1</u>			

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-1, 1942, to 2-14, 1950, that I last saw the deceased alive on 2-14, 1950 and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>F. L. Martin, M.D.</u>		23b. ADDRESS <u>Nevada, Mo.</u>	23c. DATE SIGNED <u>2-17-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-16-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leopwood</u>	24d. LOCATION (City, town, or county) (State) <u>Nevada Mo</u>
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DATE REC'D BY LOCAL REG <u>Feb. 21, 1950</u>	REGISTRAR'S SIGNATURE <u>Nathaniel H. Yancy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>331 Eichegger Funeral Home, Nevada Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number 1-50-14

Date Filed 2.28.57

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.

Signed Mark Eichinger

Signed _____
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Neveda 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 this body is not embalmed, fact should be so stated above.