No. 300
10.48

FILED MAY 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15764

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 5005 Registrar's No. 126

1. PLACE OF DEATH
a. COUNTY: adair co
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kettis Twp
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: adair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): LaPlata Mo Route No 1

3. NAME OF DECEASED (Type or Print)
a. (First): Stella
b. (Middle): V
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): May 4 1950

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept 26-1893
9. AGE (In years last birthday): 56 — If under 1 year: Months 8, Days 8 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Rockisland Co Ill
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Henry Schuck
13b. MOTHER'S MAIDEN NAME: Lizzie Teeter
14. NAME OF HUSBAND OR ~~WIFE~~: John W Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S SIGNATURE OR NAME: John W Thompson
ADDRESS: LaPlata RT 1

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart Disease — at least 20 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 4/6 X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 26, 1950, *to* May 4, 1950, *that I last saw the deceased alive on* May 4, 1950, *and that death occurred at* 11:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. Robert Knapp, M.D.
23b. ADDRESS: LaPlata, Mo.
23c. DATE SIGNED: 5/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 7-1950
24c. NAME OF CEMETERY OR ~~CREMATORY~~: LaPlata
24d. LOCATION (City, town, or county) (State): LaPlata Mo.

DATE REC'D BY LOCAL REG.: 5-8-50
REGISTRAR'S SIGNATURE: Kate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE: D.S. Christie
ADDRESS: LaPlata Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 17 1951

RECEIVED MAY 1 6 1950
District Health Officer No. 10
District File Number 5-20-839
Date Filed

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 .....
Student Embalmer

Signed D. S. Christie
Licensed Embalmer No. 1109
P. O. Address La Plata 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.