

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **26731**

FILED SEP 7 1950

BIRTH NO.		REG. DIST. NO. <b>144</b>		PRIMARY REG. DIST. NO. <b>5562</b>		Registrar's No. <b>20</b>		
1. PLACE OF DEATH a. COUNTY <b>Iron</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>				
b. CITY OR TOWN <b>Rural, Arcadia</b>		c. LENGTH OF STAY in this place (township) <b>life</b>		c. CITY OR TOWN <b>Rural, Arcadia</b>				
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2 1/2 miles NE of Roselle</b>				d. STREET ADDRESS (If rural, give location) <b>2 1/2 miles NE of Roselle</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Flavia Melissa</b>			b. (Middle) <b>Thompson</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Aug. 15 1950</b>	
5. SEX <b>fem</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Dec. 14 1866</b>		9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>8</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>		11. BIRTHPLACE (State or foreign country) <b>Iron Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Andrew Jackson McWilliams</b>			13b. MOTHER'S MAIDEN NAME <b>Malissa Woods</b>		14. NAME OF HUSBAND OR WIFE <b>Samuel Thompson</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Rolla Thompson, Roselle Mo.</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Diabetes</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Cardiacitis</b>  DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH  <b>260X</b>	
19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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)				
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?				
22. I hereby certify that I attended the deceased from <b>March 1, 1950</b> , to <b>Aug 15, 1950</b> , that I last saw the deceased alive on <b>Aug 10, 1950</b> , and that death occurred at <b>12:50 A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Emil W. ... M.D.</b>				23b. ADDRESS <b>Harvington, Route 1 Mo.</b>		23c. DATE SIGNED <b>8-18-50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>8-19-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Roselle Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Roselle Mo.</b>			
DATE REC'D BY LOCAL REG. <b>Aug 31, 1950</b>		REGISTRAR'S SIGNATURE <b>Mrs. Avis Jones</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>White Funeral Home</b>		ADDRESS <b>Ironton Mo.</b>		

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

470

0470

RECEIVED

SEP 5 1950

HEALTH OFFICE No. 2

No. ....

**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 Percy White

Licensed Embalmer No. 3412

P. O. Address Quincy, Ill.

**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.