

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41908

State File No. _____

FILED DEC 27 1950
82289-50
BIRTH NO. 124

REG. DIST. NO. 314

PRIMARY REG. DIST. NO. 3059

Registrar's No. 404

741

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

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI		b. COUNTY ST. FRANCOIS		
b. CITY OR TOWN BONNE TERRE		c. LENGTH OF STAY (in this place) 4 HOURS		c. CITY OR TOWN LEADWOOD, MO.		
d. FULL NAME OF HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			d. STREET ADDRESS NONE			
3. NAME OF DECEASED (Type or Print) a. (First) TERRY			b. (Middle) WAYNE		c. (Last) THOMPSON	
4. DATE OF DEATH (Month) (Day) (Year) DEC. 8, 1950						
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 8, 1950	9. AGE (in years last birthday)	10. MONTHS	
				11. YEAR 4	12. HOURS 14	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) BONNE TERRE, MISSOURI		
13a. FATHER'S NAME BENNIE THOMPSON		13b. MOTHER'S MAIDEN NAME PEGGY THORNTON		14. NAME OF HUSBAND OR WIFE NONE		
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'S SIGNATURE OR NAME BENNIE THOMPSON		
				ADDRESS LEADWOOD, MO.		
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				INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PREMATURE BIRTH				
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown cause				
		DUE TO (c)				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				776X
19a. DATE OF OPERATION		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) (Min.)		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 Dec. 8, 1950 , to Dec. 8, 1950 , that I last saw the deceased alive on Dec. 8, 1950 , and that death occurred at 10:3 A.M. , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) Byron H. Taylor M.D.			23b. ADDRESS Flat River, Mo.		23c. DATE SIGNED Dec. 8, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC. 9, 1950	24c. NAME OF CEMETERY OR CREMATORY LEADWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) LEADWOOD MO.	
DATE REC'D BY LOCAL REG. Dec. 11, 1950		REGISTRAR'S SIGNATURE Eather Rudolph		25. FUNERAL DIRECTOR'S SIGNATURE Carl L. Boyer		
				ADDRESS Leadwood, Mo.		

File No. _____
DISTRICT HEALTH OFFICE No. 4

DEC 16 1950

RECEIVED

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

William E. Boyer

Signed _____

Student Embalmer

Licensed Embalmer No. 4730

P. O. Address _____

Leadwood, 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.