

FILED FEB 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 930

BIRTH NO. 90181-50 REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 5557 Registrar's No. 96

460

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

1. PLACE OF DEATH a. COUNTY <b>HOWELL</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Howell</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"R" Howell Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Howell Twp.</b> 0460	
c. LENGTH OF STAY (in this place) <b>All Life</b>		d. STREET ADDRESS (If rural, give location) <b>West Plains Summers Add.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>			

3. NAME OF DECEASED (Type or Print) <b>PATRICIA JEAN THOMPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 19 1951</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>child</b>	8. DATE OF BIRTH <b>DEC. 1, 1950</b>	9. AGE (in years last birthday) <b>1</b> MONTHS <b>18</b> DAYS	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>RURAL WEST PLAINS HOWELL TWP. MO</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>						

13a. FATHER'S NAME <b>EDWIN THOMPSON</b>		13b. MOTHER'S MAIDEN NAME <b>MARTHA JOHNSTON</b>		14. NAME OF HUSBAND OR WIFE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Edwin Thompson, West Plains, Mo.</b>	
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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) <b>Congenital Debility</b>				INTERVAL BETWEEN ONSET AND DEATH  <b>79.1</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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 **Jan 19, 1951**, to **Jan 19, 1951**, that I last saw the deceased alive on **Jan 19, 1951**, and that death occurred at **11:05 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Richard A. Smith D.O.</b>		23b. ADDRESS <b>West Plains, Mo.</b>		23c. DATE SIGNED <b>1-29-51</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>JAN. 21, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HOMELAND CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>HOWELL COUNTY, MISSOURI</b>	
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DATE REC'D BY LOCAL REG. <b>2-1-51</b>		REGISTRAR'S SIGNATURE <b>Beatrice Cook 375</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Hal Stouffner, W. Plains, Mo.</b>	
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DIVISION OF HEALTH OF MO.  
District No. 1 - Springfield

RECEIVED FEB 5 1951

Dist. File 257-323

Date Filed 2-6-51

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

*Not Embalmed*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.