

FILED MAR 13 1951

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

4163

State File No.

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) <u>6 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>617 Seley Blvd.</u>		d. STREET ADDRESS (If rural, give location) <u>617 Seley Blvd.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CALLIE</u>	b. (Middle)	c. (Last) <u>ARCHER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 3, 1951</u>
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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>Mar. 2, 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. IF UNDER 1 YEAR Months <u>11</u> Days <u>1</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Sanford W. Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stockard</u>	14. NAME OF HUSBAND OR WIFE <u>Alex Archer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Maud Cheek</u>	ADDRESS <u>617 Seley Excelsior Springs 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> <u>years</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>		
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)
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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?
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22. I hereby certify that I attended the deceased from 1-20, 1951, to 2-3, 1951, that I last saw the deceased alive on 2-3, 1951, and that death occurred at 7:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Bequard Robinson M.D.</u>	23b. ADDRESS <u>Excelsior Springs Mo</u>	23c. DATE SIGNED <u>2/6/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-6-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thompson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Rural Lawson, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/6/51</u>	REGISTRAR'S SIGNATURE <u>Caroline Dutschings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Paul Richard</u>	ADDRESS <u>Excelsior Springs Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0242



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 *Linnell K Jarman* _____

Licensed Embalmer No. *4589* _____

P. O. Address *Essex Springs, Me.* _____

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.