

0930

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9767**

FILED APR 3 1951

REG. DIST. NO. **3154** PRIMARY REG. DIST. NO. **6066**

Registrar's No. **18**

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

BIRTH NO. _____		REG. DIST. NO. 3154		PRIMARY REG. DIST. NO. 6066		Registrar's No. 18	
1. PLACE OF DEATH a. COUNTY St. Clair b. CITY (If outside corporate limits, write RURAL and give OR TOWN Roscoe (Rural)) c. LENGTH OF STAY (in this place) 5 months d. FULL NAME OF HOSPITAL OR INSTITUTION Roscoe Township				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Jackson c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pleasant Hill d. STREET ADDRESS (If rural, give location) Mo 1			
3. NAME OF DECEASED (Type or Print) a. (First) Oliver b. (Middle) Neil c. (Last) Thompson			4. DATE OF DEATH 3/24/1951				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 3/22/1900	
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Farm work		11. BIRTHPLACE (State or foreign country) Geneva Nebraska		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James Thompson			13b. MOTHER'S MAIDEN NAME Carrie Standley		14. NAME OF HUSBAND OR WIFE Belma Thompson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Belma Thompson Roscoe Missouri			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) Had experienced heart DUE TO (c) attacks				INTERVAL BETWEEN ONSET AND DEATH 2 minutes	
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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 11:55 ^{p.m.} 19 , that I last saw the deceased alive on 19 , and that death occurred at m. , from the causes and on the date stated above.							
23a. SIGNATURE David B. ...			23b. ADDRESS Osceola Mo		23c. DATE SIGNED 3-24-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-28-51		24c. NAME OF CEMETERY OR CREMATORY Pleasant Hill		24d. LOCATION (City, town, or county) (State) Pleasant Hill Mo.	
DATE REC'D BY LOCAL REG. 3-25-51		REGISTRAR'S SIGNATURE Ruth ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.B. ... Osceola Mo			

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

JUL 20 1954

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 J. B. Goodrich _____

Licensed Embalmer No. 3038 _____

P. O. Address Quincy 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.