S. No. 300
V. 10.48

0716

FILED MAY 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13343

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Morgan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreau Township Rural
c. LENGTH OF STAY (In this place): 25 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 Miles N. Versailles, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Morgan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moreau Township Rural 0710
d. STREET ADDRESS (If rural, give location): 7 Miles N. Versailles

3. NAME OF DECEASED (Type or Print)
a. (First): Lige
b. (Middle): Thomas
c. (Last): Thompson

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1951

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2, 1877
9. AGE (In years last birthday): 73 — If under 1 year: Months 11, Days 2 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Gravois Mills, Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Thompson
13b. MOTHER'S MAIDEN NAME: Jane Caldwell
14. NAME OF HUSBAND OR WIFE: Anna Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Anna Thompson — ADDRESS: Versailles, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — 20 yrs.
DUE TO (c): Arteriosclerosis — Many years

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: 331X
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* May, 1951, *that I last saw the deceased alive on* April 28, 1951, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack Grimm MD (Degree or title)
23b. ADDRESS: Versailles, Mo.
23c. DATE SIGNED: 5-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6-51
24c. NAME OF CEMETERY OR CREMATORY: Glensted Cemetery
24d. LOCATION (City, town, or county) (State): Glensted, Missouri

DATE REC'D BY LOCAL REG.: May 10-1951
REGISTRAR'S SIGNATURE: 214 J. L. Washburn M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: W. F. Kilmer — ADDRESS: Versailles, Mo.
per Vern O. Kilmer, Deputy
(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-14-61
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 5-14-61

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

Licensed-Embalmer No. 4021

P. O. Address VERSAILLES, MISSOURI

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.