

FILED AUG 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26744

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>4234</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u> <u>0470</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ironton</u>			c. LENGTH OF STAY (in this place) <u>2 hrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Sabula</u> <u>0470</u>			d. STREET ADDRESS (if rural, give location) <u>0</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys of the Ozarks</u>				3. NAME OF DECEASED (Type or Print) a. (First) <u>Guy Van Zandt</u> b. (Middle) <u>Thompson</u> c. (Last) _____			
4. DATE OF DEATH <u>Aug. 6 1951</u>		5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct. 4 1883</u>		9. AGE (In years last birthday) <u>67</u>		10. UNDER 1 YEAR <u>10</u>	10. UNDER 1 YEAR <u>2</u>	10. UNDER 1 YEAR <u>2</u>	10. UNDER 1 YEAR <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>engineer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Air craft</u>		11. BIRTHPLACE (State or foreign country) <u>Portsmouth Ohio</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				13a. FATHER'S NAME <u>Albert C. Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Turley</u>	
14. NAME OF HUSBAND OR WIFE <u>Corrine Thompson</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>077-09-2398</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Corrine Thompson</u>				17. ADDRESS <u>Sabula Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Regeneration</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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)		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 <u>7-1</u> , 19 <u>51</u> , to <u>8-6</u> , 19 <u>51</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:25P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J.H. Mcintosh M.D.</u>				23b. ADDRESS		23c. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>8-8-51</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Portsmouth Ohio</u>	
DATE REC'D BY LOCAL REG. <u>Aug. 15, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton Mo.</u>			
(Licensed Embalmer's Statement on Reverse Side) <u>Archie White</u>							

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

RECEIVED

AUG 17 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

AUG 31 1951

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 Lucy White.....

Licensed Embalmer No. 3012.....

P. O. Address Denton, Tex......

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.