

FILED SEP 25 1951

STANDARD CERTIFICATE OF DEATH

State File No. 30596

BIRTH NO. REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 177

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage 0493	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) 1517 S. Garrison Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital			

3. NAME OF DECEASED (Type or Print) a. (First) KATHERINE b. (Middle) Estella c. (Last) THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) Sept 10, 1951		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 2, 1885	9. AGE (In years last birthday) 66	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	11. BIRTHPLACE (State or foreign country) Jasper County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August Tillock	13b. MOTHER'S MAIDEN NAME Elizabeth Fuller	14. NAME OF HUSBAND OR WIFE Ed Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs Elmer Whittenberg, Rte 1, Carthage	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure		INTERVAL BETWEEN ONSET AND DEATH 6 wks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4341		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Menia due to chronic nephritis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	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 8/19, 1951, to 9/10, 1951, that I last saw the deceased alive on 9/10, 1951, and that death occurred at 9:25a m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] MD	23b. ADDRESS Carthage, Mo	23c. DATE SIGNED 9-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-12-1951	24c. NAME OF CEMETERY OR CREMATORY Sarcoux Cemetery	24d. LOCATION (City, town, or county) (State) Sarcoux, Missouri
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DATE REC'D BY LOCAL REG. 9-12-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Knell Mortuary, Carthage, Mo.	ADDRESS
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RECEIVED 9/22/51
Jasper County Health Office

County File Number 51/9/727

Date Filed 9/24/51

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 Ira E. Meadows

Licensed Embalmer No. 4637

P. O. Address Carthage, 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.