V.S. No. 300
Rev. 10.48

EDOCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32869

BIRTH NO. 50740-51 REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4089 Registrar's No. 32

0183
1

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

1. PLACE OF DEATH
a. COUNTY: Carter
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandin
c. LENGTH OF STAY (in this place): all life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Carter
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grandin 0183
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Wilmeina
b. (Middle): Sybil
c. (Last): Mollie Thompson

4. DATE OF DEATH (Month) (Day) (Year): 10-5-51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify): never married
8. DATE OF BIRTH: 8-24-51
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 11; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Poplar Bluff Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: E.D. Thompson
13b. MOTHER'S MAIDEN NAME: Virgina Dunlap
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: Virgina Thompson
ADDRESS: Grandin

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): malnutrition

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7720
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 _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Seaton Pewitt 3 Cor
23b. ADDRESS: Van Buren Mo
23c. DATE SIGNED: 10-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10-6-51
24c. NAME OF CEMETERY OR CREMATORY: 10 mile
24d. LOCATION (City, town, or county) (State): Carter Co Mo

DATE REC'D BY LOCAL REG.: Oct. 9-1951
REGISTRAR'S SIGNATURE: Mrs Octa Henson 50
25. FUNERAL DIRECTOR'S SIGNATURE: Seaton Pewitt
ADDRESS: Van Buren

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 15 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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 Seaton Pewitt
Licensed Embalmer No. 2287
P. O. Address Van Buren 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.