

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33113**

FILED OCT 17 1951

BIRTH NO. 62449-51 REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden Air Base</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Malden Air Base</u> <u>0351</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1053B Malden Air Base</u>		d. STREET ADDRESS (If rural, give location) <u>1053B MAB</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Daryl</u> b. (Middle) <u>Dewayne</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 6, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Infant</u>	8. DATE OF BIRTH <u>5 Oct. 1951</u>	9. AGE (In years last birthday)	10. MONTHS <u>4</u> 11. DAYS <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u> <u>0</u>	
13a. FATHER'S NAME <u>Blond Dean Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Ada Bell Gaither</u>		14. NAME OF HUSBAND OR WIFE <u>No</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>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ade Thompson, Wilhelmina, Mo.</u>		ADDRESS <u>Mo.</u>
--	-----------------------------------	--	--	--------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Atelectasis Bilateral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u>
	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.		

19a. DATE OF OPERATION <u>--</u>	19b. MAJOR FINDINGS OF OPERATION <u>--</u>	20. AUTOPSY? <u>7620</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>--</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>--</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>-- -- --</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>-- -- -- m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>--</u>

22. I hereby certify that I attended the deceased from October 5, 1951, to October 6, 1951, that I last saw the deceased alive on October 6, 1951, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Charles S. Williams</u> (Degree or title) <u>Charles S. Williams, M.D.</u>	23b. ADDRESS <u>Malden, Missouri</u>	23c. DATE SIGNED <u>Oct. 6, 1951</u>
--	--------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct 7, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Malden Memorial</u>	24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>
---	------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>10/12/51</u>	REGISTRAR'S SIGNATURE <u>J. S. Scherman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Home</u>	ADDRESS <u>Malden, Mo.</u>
--	---	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT10-15-51.....
COUNTY FILE NUMBER 1051-275..

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.....

NOT EMBALMED

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.