

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37119**

FILED NOV 16 1951

BIRTH NO. _____		REG. DIST. NO. 143		PRIMARY REG. DIST. NO. 4232		Registrar's No. 30	
1. PLACE OF DEATH a. COUNTY Howell 0460				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs,			c. LENGTH OF STAY (in this place) 8 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs, 8460			
d. FULL NAME OF HOSPITAL OR INSTITUTION residence				d. STREET ADDRESS (If rural, give location) 1st & Ferguson Sts.			
3. NAME OF DECEASED (Type or Print)		a. (First) AMERICA	b. (Middle) JOSEPHINE	c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1951	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Apr. 13, 1872	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (State or foreign country) Seymour, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Crawford Brixey			13b. MOTHER'S MAIDEN NAME Elder		14. NAME OF HUSBAND OR WIFE Elijah B. Thompson		
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS E.B. Thompson, Willow Spgs., Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalopathy, Hypertensive Severe Long.					INTERVAL BETWEEN ONSET AND DEATH 5 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage cerebral Meninge						
	DUE TO (c) Hypertension, Chronic, Severe, Longstanding						
	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 334 X					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10/27, 1951 , to 11/2, 1951 , that I last saw the deceased alive on 11/1, 1951 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Deputy or title) E.B. Thompson				23b. ADDRESS Willow Springs, Mo		23c. DATE SIGNED 11/5/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Nov. 4, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		24d. LOCATION (City, town, or county) (State) Olden, Howell Co., Mo.			
DATE REC'D BY LOCAL REG. Nov. 7, 1951	REGISTRAR'S SIGNATURE Marshall Ballou			25. FUNERAL DIRECTOR'S SIGNATURE Hal Stouff		ADDRESS W. Plains, Mo.	

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

RECEIVED NOV 2 1951
DIVISION OF HEALTH OF MD.
District No. 5 - Springfield
Dist. File 1151 - 1956
Date Filed 11-13-51

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 Hal Thompson

Licensed Embalmer No. 3408

P. O. Address W. Plauer, Md.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.