

STANDARD CERTIFICATE OF DEATH

State File No. **567**

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 5

0201

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

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>El. Bando Mfgs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0201</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>409 N. Kirkpatrick St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED a. (First) <u>JULIA</u> (Type or Print)			b. (Middle) <u>ETTA</u>			c. (Last) <u>T HOMPSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 / 13 / 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 30 1866</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Belle's Reuber</u>			13b. MOTHER'S MAIDEN NAME <u>Mat. Kiverson</u>			14. NAME OF HUSBAND OR WIFE <u>Wm. 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>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Thompson</u> ADDRESS <u>409 N. Kirkpatrick St. Eldorado Springs, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		ONSET AND DURATION <u>15 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Acute broncho-pneumonia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)			

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 29 Dec 1951, to 12 Jan 1952, that I last saw the deceased alive on 12 Jan 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Eldorado Springs, Mo</u>		23c. DATE SIGNED <u>14 Jan 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>[Signature]</u>		24b. DATE <u>1/15/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Berea</u>	
24d. LOCATION (City, town, or county) (State) <u>Verona Co. Mo</u>					

DATE REC'D BY LOCAL REG. <u>1/15/52</u>		REGISTRAR'S SIGNATURE <u>George W. Haines</u> <u>418</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Haines Funeral Home</u> ADDRESS <u>El-Bando Mfgs</u>	
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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.....

working under my personal supervision.

Student Embalmer No.....

Signed *George W. Hayes*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2752*

P. O. Address *St. Donalds Hosp. Miss*

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.