

5. No. 300  
V. 10.48

2900  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 731

FILED JAN 29 1952

BIRTH NO. 1-27-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Dade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Lockwood Mo.</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Memorial Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Gussie</b> b. (Middle) <b>Hazel</b> c. (Last) <b>Thompson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 18 1952</b>		
5. SEX <b>F</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	
8. DATE OF BIRTH <b>Sept. 5, 1893</b>		9. AGE (In years last birthday) <b>58</b>		10. UNDER 1 YEAR Months <b>4</b> Days <b>13</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nurse</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Lockwood Mo</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>					

13a. FATHER'S NAME <b>D.C. Clark</b>		13b. MOTHER'S MAIDEN NAME <b>Pinkie Ann Clark</b>		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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harold Thompson Lockwood Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>carcinomatosis</b>		DUPLICATE OF (b) <b>benign of the breast</b>			<b>one year</b>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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		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) <b>170X</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		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 Jan. 1951, to Jan. 18<sup>th</sup> 1952, that I last saw the deceased alive on Jan 18<sup>th</sup> 1952, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Max Heilbrunn M.D.</b>		23b. ADDRESS <b>Lockwood, Mo</b>		23c. DATE SIGNED <b>1-19-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-20-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lockwood</b>	
24d. LOCATION (City, town, or county) (State) <b>Lockwood Mo.</b>					

DATE REC'D BY LOCAL REG. <b>1-21-52</b>		REGISTRAR'S SIGNATURE <b>Geo. L. West 79</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W.R. Allison Greenfield Mo.</b>	
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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.....

*W. R. Allison*

Signed.....  
Student Embalmer.....

Licensed Embalmer No. *4404*

P. O. Address. *Sheffield, Mass.*

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.