

No. 300
10-46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7312

State File No.

APR 8 1952

REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY BATES.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL. 0070	
c. LENGTH OF STAY (In this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION SOUTH 6TH. ST.			

3. NAME OF DECEASED (Type or Print)	a. (First) MARTHA	b. (Middle)	c. (Last) THOMPSON	4. DATE OF DEATH (Month) (Day) (Year) MARCH-30-1952
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5. SEX FEMALE.	6. COLOR OR RACE WHITE.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED.	8. DATE OF BIRTH 2 APRIL-3-1872.	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE.	10b. KIND OF BUSINESS OR INDUSTRY OWN HOME.	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES O. BURRIS.	13b. MOTHER'S MAIDEN NAME MELVINA BUNTER.	14. NAME OF HUSBAND OR WIFE ROBERT THOMPSON-DECEASED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Walter Thompson-Rich Hill, Mo.	ADDRESS Rich Hill, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes of long standing		
	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	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 007 (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from **APR 14**, 1952, to **MAR 30**, 1952, that I last saw the deceased alive on **APR 2**, 1952, and that death occurred at **4:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Walter Thompson	(Degree or title)	23b. ADDRESS Rich Hill, Mo.	23c. DATE SIGNED APR 14 1952
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE APRIL-21-1952	24c. NAME OF CEMETERY OR CREMATORY GREENLAWN CEM.	24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI
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DATE REC'D BY LOCAL REG. Apr 4 1952	REGISTRAR'S SIGNATURE Miss Edna Long	25. FUNERAL DIRECTOR'S SIGNATURE Donna Long	ADDRESS Rich Hill, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

#m
2070
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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John G. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler 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.