

FILED AUG 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26994

State File No.

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4553 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>MO.</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mtn Grove, Mo.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Connor Memorial Hosp</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>E.</u> c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>July 16, 1883</u>
9. AGE (in years last birthday) <u>68</u>		10. UNDER 1 YEAR Days <u>5</u>	11. UNDER 1 WRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>	11. BIRTHPLACE (State or foreign country) <u>Marion Co. Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Jim Wilson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fincher</u>	14. NAME OF HUSBAND OR WIFE <u>Thom J. Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Parley Barton mtn Grove, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u> INTERVAL BETWEEN ONSET AND DEATH <u>1950</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Septertention</u> <u>Not know</u> DUE TO (c) <u>arteriosclerotic heart disease</u>	
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 <u>42 GD</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 <u>1950</u> , to <u>7-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-21</u> , 19 <u>52</u> , and that death occurred at <u>1:30 p.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ed Connor</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>Mountain View Mo</u>	23c. DATE SIGNED <u>7-22-1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Thomas</u>	24d. LOCATION (City, town, or county) (State) <u>Norwood Mo</u>
DATE REC'D BY LOCAL REG. <u>7-23-52</u>	REGISTRAR'S SIGNATURE <u>A.R. Ames</u>	<u>345-1</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Grable-Wind mtn Grove Mo</u>

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

114A
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RECEIVED JUL 29 1952
WRIGHT CO. HEALTH DEPT.
County File Number 852-93
Date Filed 8-2-52

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 Frank Grable

Licensed Embalmer No. 4149

P. O. Address Wm. Gray, 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.