

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28903

State File No.

FILED SEP 8-1952

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4381		Registrar's No. 202	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins		c. LENGTH OF STAY (In this place) 8 mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins		2740	
d. FULL NAME OF HOSPITAL OR INSTITUTION family home				d. STREET ADDRESS (If rural, give location) none			
3. NAME OF DECEASED (Type or Print) HAROLD		a. (First)		b. (Middle) KENNETH		c. (Last) THOMPSON	
4. DATE OF DEATH		(Month) 8		(Day) 26		(Year) 52	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/7/11	
9. AGE (In years last birthday) 41		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (State or foreign country) Skidmore, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Abner Thompson		13b. MOTHER'S MAIDEN NAME Betsy Puitt		14. NAME OF HUSBAND OR WIFE Orda Bowman Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. H. K. Thompson, Hopkins, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Coronary thrombosis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 24 hr				20. AUTOPSY? YES ☐ NO ☐			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES ☐ NO ☐	
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. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/1/52 to Aug. 26, 1952, that I last saw the deceased alive on 8/26, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. D.				23b. ADDRESS Hopkins, Missouri		23c. DATE SIGNED 8/28/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/29/52		24c. NAME OF CEMETERY OR CREMATORY Hopkins		24d. LOCATION (City, town, or county) (State) Hopkins, Missouri	
DATE REC'D BY LOCAL REG. 9-6-52		REGISTRAR'S SIGNATURE Bess Holt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Price Funeral Home, Maryville, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

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

Clum M. Price

Licensed Embalmer No. 1822

P. O. Address. Maryville 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.