

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28904

State File No. _____

FILED AUG 18 1952

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5858 Registrar's No. 189

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Graham-rural</u>	c. LENGTH OF STAY (in this place) <u>5 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Graham-rural 1740</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Minnie b. (Middle) Elizabeth c. (Last) Thompson

4. DATE OF DEATH (Month) (Day) (Year)
8-12-1952

5. SEX Female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH 1-16-1909 9. AGE (In years last birthday) 43

10a. USUAL OCCUPATION (Of the 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) Mound City-Mo 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joseph Joslyn 13b. MOTHER'S MAIDEN NAME unknown 14. NAME OF HUSBAND OR WIFE Howard Thompson

15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Howard Thompson ADDRESS Graham-Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Uterus

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, asphyxia, 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.

INTERVAL BETWEEN ONSET AND DEATH 2 yr.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 174X

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1952, to Aug. 1952, that I last saw the deceased alive on Aug. 5, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

23a. SIGNATURE M.C. Dew (Degree or title) D.O. 23b. ADDRESS Maitland 23c. DATE SIGNED 8/14/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 8-15-1952 24c. NAME OF CEMETERY OR CREMATORY Graham Cem. 24d. LOCATION (City, town, or county) (State) Graham-Mo

DATE REC'D BY LOCAL REG. 8-16-52 REGISTRAR'S SIGNATURE Bess Bolt 25. FUNERAL DIRECTOR'S SIGNATURE J. McClintock ADDRESS Maryville Mo.

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

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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

G M Johnson

Licensed Embalmer No. *3379*

P. O. Address *Harpsville*

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.