

STANDARD CERTIFICATE OF DEATH

0061
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD 0

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>BARTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BARTON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LAMAR</u>		c. LENGTH OF STAY (In this place) <u>5 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - UNION 0060</u>		d. STREET ADDRESS (If rural, give location) <u>IRWIN RR#1 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORIAL HOSP</u>							
3. NAME OF DECEASED a. (First) <u>DELLA</u> (Type or Print)			b. (Middle) <u>JANF</u>		c. (Last) <u>THOMPSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 11 - 1952</u>
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>1891 APRIL 3 - 1913</u>	9. AGE (In years last birthday) <u>59 1/2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>VERNON CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JOHN DeFreese</u>		13b. MOTHER'S MAIDEN NAME <u>KATHERINE Mc NAB</u>		14. NAME OF HUSBAND OR WIFE <u>ELMER THOMPSON - IRWIN RT.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ELMER THOMPSON</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Probable Embolism</u> DUE TO (c) <u>Bronchiogenic Carcinoma</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X ray evidence B. Blax. area. 2 cm. lob.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 minutes</u> <u>7-6 mo.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>162X</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>Oct 3, 1952</u> , to <u>Oct. 11, 1952</u> , that I last saw the deceased alive on <u>Oct 11, 1952</u> , and that death occurred at <u>8:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dean T. Bickel M.D.</u>				23b. ADDRESS <u>Konarc, Missouri</u>		23c. DATE SIGNED <u>10/15/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sheldon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Sheldon MO.</u>	
DATE REC'D BY LOCAL REG. <u>OCT 25 1952</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz 14-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Geraud</u> ADDRESS <u>Benny Sheldon MO.</u>			

NOV 26 1952

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.....
Student Embalmer

Signed L. Gerald Beery 432

Licensed Embalmer No. 4223

P. O. Address Shelton 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.