

FILED NOV 3 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 34804

BIRTH NO. _____		REG. DIST. NO. <u>131</u>		PRIMARY REG. DIST. NO. <u>4216</u>		Registrar's No. <u>17</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u>		c. LENGTH OF STAY (In this place) <u>25</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Calhoun</u>		<u>0429</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none At Home</u>				d. STREET ADDRESS (If rural, give location) <u>none</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles Hampton</u> b. (Middle) <u>Thompson</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) <u>Oct.</u> (Day) <u>28</u> (Year) <u>52</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 9 1874</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>19</u>	IF UNDER 48 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Camden County near Stoutland Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>George Kelly Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Roxanna Fullbright</u>		14. NAME OF HUSBAND OR WIFE <u>Janie Thompson</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 ADDRESS <u>Lloyd Thompson Calhoun Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cornary endarteritis</u> DUE TO (c) <u>Hypertensive Cardis-vascular disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Death at once</u> <u>6 hrs.</u>
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) (Min.)		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>June 10, 1952</u> , to <u>Oct 25, 1952</u> , that I last saw the deceased alive on <u>Oct 23, 1952</u> , and that death occurred at <u>5:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Hughes</u>			(Degree or title) <u>W.D.</u>		23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>10/29/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 31 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Calhoun Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Oct 31-52</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		422		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank W. Johnson Clinton</u>	

(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

*Frederick Wilkerson*

Licensed Embalmer No. 5498

P. O. Address Plenton Md

**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.