

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5304**

FILED FEB 16 1953

BIRTH NO. _____ REG. DIST. NO. 89 PRIMARY REG. DIST. NO. 4467 Registrar's No. 16

0320

1. PLACE OF DEATH a. COUNTY DeKalb		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY DeKalb	
b. CITY (If outside corporate limits, write RURAL and give township) Amity		c. CITY (If outside corporate limits, write RURAL and give township) Amity	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) LORIN	b. (Middle) JAMES	c. (Last) THOMPSON	4. DATE OF DEATH (Month) (Day) (Year) FEB. 5, 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 15 1874	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) DeKalb County Missouri	12. CITIZEN OF WHAT COUNTRY U.S.
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13a. FATHER'S NAME George Thompson	13b. MOTHER'S MAIDEN NAME Sarah Robinson	14. NAME OF HUSBAND OR WIFE Elma A. Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elma Thompson, Amity Mo.	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	ANTECEDENT CAUSES Morbid 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. 4222			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June, 1950, to 2-5, 1953, that I last saw the deceased alive on Feb. 5, 1953, and that death occurred at 9:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <i>W. Harold Fowler</i>	(Degree or title) D.O.	23b. ADDRESS Maysville Missouri	23c. DATE SIGNED 2/7-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-7-53	24c. NAME OF CEMETERY OR CREMATORY Ridgeville	24d. LOCATION (City, town, or county) (State) Amity Mo (R F D)
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DATE REC'D BY LOCAL REG. 2-8-53	REGISTRAR'S SIGNATURE <i>Roscoe Davidson</i>	25. FUNERAL DIRECTOR'S SIGNATURE FILCHER FUNERAL HOME	ADDRESS MAYSVILLE MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1953

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.....


C. P. Pritchett

Signed.....
Student Embalmer

Licensed Embalmer No..... 3960

P. O. Address..... **Maysville 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.