

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36847**

FILED **OCT 27 1953**

BIRTH NO. 72545-53 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Minnesota</b> b. COUNTY <b>Ottertail</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fort Leonard Wood</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Deceased was newborn infant</b>	
c. LENGTH OF STAY (In this place) <b>5 hrs</b>		d. STREET ADDRESS (If rural, give location) <b>Box 605</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>SHERYL</b>	b. (Middle) <b>ROSE</b>	c. (Last) <b>THOMPSON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 22 1953</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>- -</b>	8. DATE OF BIRTH <b>22 Oct 53</b>
9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Min. <b>5 145</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>

13a. FATHER'S NAME <b>Lawrence D. Thompson</b>	13b. MOTHER'S MAIDEN NAME <b>Joyce L. Childs</b>	14. NAME OF HUSBAND OR WIFE <b>- - -</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>- - -</b>	17. INFORMANT'S FULL NAME AND ADDRESS <b>L &amp; WHITE, Capt, MSC Ft Leonard Wood, Missouri</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Prematurity - 24 week gestation</b>		<b>5 hr 45 min</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Premature separation of placenta</b>		
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			

19a. DATE OF OPERATION <b>- -</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>- -</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>- - -</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>776 X</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>- - -</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>- -</b>

22. I hereby certify that I attended the deceased from 22 Oct 1953, to 22 Oct 1953, that I last saw the deceased alive on 22 Oct 1953, and that death occurred at 0930 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>	23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Mo.</b>	23c. DATE SIGNED <b>22 Oct 53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 23, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crocker Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Crocker, Missouri</b>

DATE REC'D BY LOCAL REG. <b>10-22-53</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i> <b>458</b>	25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS <b>Crocker, Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 10-27-53  
File Number

Pulaski County Health Officer

RECEIVED 10-28-53

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 \_\_\_\_\_

Licensed Embalmer No. 4265

P. O. Address Kenosha, Wisc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.