

88422

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42721

FILED DEC 31 1953

State File No. _____
Registrar's No. 51

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|--|--|--|--|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. <u>4234</u> | | Registrar's No. <u>51</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Iron</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ironton</u> | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellevue</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0470</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>JANET</u> | | b. (Middle) <u>ROWENA</u> | | c. (Last) <u>THOMPSON</u> | |
| 4. DATE OF DEATH | | (Month) <u>Dec.</u> | | (Day) <u>15</u> | | (Year) <u>1953</u> | |
| 5. SEX <u>fem</u> | | 6. COLOR OR RACE <u>white</u> | | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED, <input type="checkbox"/> <u>never married</u> | | 8. DATE OF BIRTH <u>Dec. 14 1953</u> | |
| 9. AGE (In years last birthday) <u>0</u> | | IF UNDER 1 YEAR Months <u>0</u> Days <u>19</u> | | IF UNDER 12 HRS. Hours <u>19</u> Mins. <u>19</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Ironton Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>Wilburn A. Thompson</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Reba Lucille Jaycox</u> | | 14. NAME OF HUSBAND OR WIFE <u>##</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Wilburn A. Thompson</u> | | ADDRESS <u>Bellevue Mo</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. | | | |
| 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>terminal bilateral bronchial pneumonia</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>few hrs.</u> | | | |
| ANTECEDENT CAUSES DUE TO (b) <u>premature birth (7 mo. gestation)</u> | | | | 19 hrs. | | | |
| DUE TO (c) <u>complicated delivery (placenta previa, R.O.T. position, internal</u> | | | | 19 hrs. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>podalic version extraction</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) | | 7635 | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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>12-14</u> , 19 <u>53</u> , to <u>12-15</u> , 19 <u>53</u> that I last saw the deceased alive on <u>12-15</u> , 19 <u>53</u> and that death occurred at <u>12:30 AM</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>R. E. Fairland M.D.</u> | | | | 23b. ADDRESS <u>London, Mo</u> | | 23c. DATE SIGNED <u>12/16/53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>12-16-53</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Nelson Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Banner Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>12-18-53</u> | | REGISTRAR'S SIGNATURE <u>Miss Avis Jones</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u> | | ADDRESS <u>Ironton Mo.</u> | |

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 *Paul J. White*

Licensed Embalmer No. 3912

P. O. Address Greenville S.C.

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.