

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13051

State File No.

FILED MAY 3 1954

BIRTH NO.

REG. DIST. NO. 310

PRIMARY REG. DIST. NO. 3058

Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles		c. LENGTH OF STAY (in this place) 5 days	c. CITY OR TOWN Rural-St. Chas. twp.
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
• STREET ADDRESS (If rural, give location) R. R. # 2		09221	

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) A.	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) April 23, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 14, 1895	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months 2	IF UNDER 11 HRS. Days 9	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 farming	11. BIRTHPLACE (City and State or Foreign Country) Oklahoma	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John A, Thompson	13b. MOTHER'S MAIDEN NAME Mary LaBarge	14. NAME OF HUSBAND OR WIFE Minnie Gau
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. John Thompson, St. Charles, 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, asphyxia, 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) <i>By aneurysm of Rt lower lobe</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis of left upper lobe of lung &amp; metastases to high nodes in chest in vasc. &amp; adrenal gland.</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Minute)	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 7-26-50 to 4-23-54, that I last saw the deceased alive on 4-23-54, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE <i>R. Rindlee</i> (Degree or title) M.D.	23b. ADDRESS St. Charles, Mo. Av. L 241954	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 26, 1954	24c. NAME OF CEMETERY OR CREMATORY St. Joseph's Cemetery	24d. LOCATION (City, town, or county) (State) Cottleville, Mo.
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DATE REC'D BY LOCAL REG. April 24 1954	REGISTRAR'S SIGNATURE <i>Pauline Brumley</i> 2846	25. FUNERAL DIRECTOR'S SIGNATURE <i>W.C. Dalleney &amp; Son, St. Charles, Mo.</i>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1957

MAY

**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.....  
Signature of Student Embalmer

Signed *Frank R. Amala*

Licensed Embalmer No. *48*

P. O. Address *St. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.