

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28505

State File No.

FILED AUG 23 1954

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 305-2 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (In this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>706 W. 3rd</u>		e. STREET ADDRESS (If rural, give location) <u>706 W. 3rd</u> <u>080%</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>BERTHA</u>	b. (Middle) <u>VINA</u>	c. (Last) <u>THOMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 13 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Feb-27-1880</u>	9. AGE (In years last birthday) <u>74</u>	If OVER 1 YEAR Months <u>7</u> Days <u>10</u>	If UNDER 1 YEAR Hours <u>10</u> Mins. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Sweet Springs, Saline Co., Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Henry Fombelle</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Oberlas</u>	14. NAME OF HUSBAND OR WIFE <u>Robert Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs James Woods</u>	ADDRESS <u>Sedalia</u>
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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) <u>Hypertensive Heart Disease.</u>		<u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension.</u>		<u>10 yrs.</u>
DUE TO (c) <u>Arterio-Sclerosis.</u>		<u>Over 10 yrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>		<u>443 X</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>None.</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None.</u>	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) <u>None.</u>	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 over 15 yrs to Aug. 13th 1954, that I last saw the deceased alive on 60 days ago, and that death occurred at 7 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Jno. B. Carlisle, M.D.</u> (Degree or title)	23b. ADDRESS <u>Sedalia, Missouri</u>	23c. DATE SIGNED <u>8-13-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-16-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-17-54</u>	REGISTRAR'S SIGNATURE <u>Laurin C. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u>	ADDRESS <u>Sedalia</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

When I arrived at the patient's home this morning she was dead, apparently having died in her sleep. It is logical to assume that this lady died of heart disease. She has been under my care for the past 15 years and has been treated for these conditions. She has had Hypertensive Heart Disease.

Jno. B. Carlisle M.D.
Jno. B. Carlisle, M.D.

Sedalia, Missouri.

August 13th, 1954.

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.....

K. O. M. Cray
Licensed Embalmer No. 31

P. O. Address *Sedalia*

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.