

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48
FILED APR 11 1955

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6279 Registrar's No. 11

1140
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Gasconade)</u>		c. LENGTH OF STAY (In this place) <u>10yr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN <u>HARTVILLE</u> ^{14th} Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>3 mi west Hartville</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>W.</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-31-55</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>3-16-1888</u>		9. AGE (In years last birthday) <u>67</u>		IF UNDER 1 YEAR: Months <u>15</u> Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT, Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>VIOLET THOMPSON</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Viola Thompson</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Antagon</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SHOCK & FRACTURE (Basil)</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 HRS</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall</u> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E9021</u> <u>3</u>			

19a. DATE OF CREMATION <u>3-31-55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Basil FRACTURE of Skull</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Fall</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm (CLAYTON)</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>GASCONADE</u> (COUNTY) <u>WRIGHT</u> (STATE) <u>MO</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 31 55 39 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall against Harrow in field</u>	
22. I hereby certify that I attended the deceased from <u>3-31-1855</u> to <u>3-31-1955</u> , that I last saw the deceased alive on <u>3-31-1955</u> , and that death occurred at <u>4:20 p.m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>J. R. Matt M.D.</u> (Degree or title)		23b. ADDRESS <u>Hartville Mo.</u>		23c. DATE SIGNED <u>4-1-55</u>	
24a. BURIAL, CREMATION, REMOVAL <u>burial</u>		24b. DATE <u>4-3-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DAK-GROVE</u>	
24d. LOCATION (City, town, or county) <u>WRIGHT</u> (State) <u>MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Simpson</u> ADDRESS <u>Hartville Mo.</u>			
DATE REC'D BY LOCAL REG. <u>4-1-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 346			

RECEIVED APR 2 1955
WRIGHT CO. HEALTH DEPT.
County File Number 455-50
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APR 20 1955

JUN 21 1955

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 *Lucien J. Swadley*

Licensed Embalmer No. *4815*

P. O. Address *Marshfield*

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.