

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13024

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>4201</u>		Registrar's No. <u>382</u>			
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Republic			c. LENGTH OF STAY (In this place) 10 Yrs.	c. CITY OR TOWN Republic		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 Residence				e. STREET ADDRESS (If rural, give location) No Street Address				03960	
3. NAME OF DECEASED (Type or Print) a. (First) DELTA			b. (Middle) MALINDA		c. (Last) THOMPSON		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1956		
5. SEX Female		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH July 21, 1901		9. AGE (In years last birthday) 54 If UNDER 1 YEAR Months Days If UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Garment Factory		11. BIRTHPLACE (City and State or Foreign Country) Ft. Fay, West Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13a. FATHER'S NAME Jacob H. Thompson			13b. MOTHER'S MAIDEN NAME Angeline E. Thompson		14. NAME OF HUSBAND OR WIFE none				
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. 497 22 2021		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sparrel Thompson, Republic, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH						INTERVAL BETWEEN ONSET AND DEATH 3 Months	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		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"/>	
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)		151X			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>March</u> , 19 <u>56</u> , to <u>April</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>19 April</u> , 19 <u>56</u> , and that death occurred at <u>7:20a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Karl A. Leidinger Jr. M.D.				23b. ADDRESS Republic, Mo			23c. DATE SIGNED 23 Apr 56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/22/1956	24c. NAME OF CEMETERY OR CREMATORY Princeton Cemetery		24d. LOCATION (City, town, or county) (State) Princeton, Missouri				
DATE REC'D BY LOCAL REG. 4-25-56		REGISTRAR'S SIGNATURE Edith Williamson		25. FUNERAL DIRECTOR'S SIGNATURE J. Jean Harris		ADDRESS Clever, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed..... *Glenn Harris*

Licensed Embalmer No. *4390*.....

P. O. Address .. *Clever, Mo.*

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.