

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3575**

FILED FEB 11 1957

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6286 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>Wm. Grove Rural Wood</u>		c. LENGTH OF STAY (in this place) <u>36 yrs</u>	c. CITY OR TOWN <u>Wm. Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Route #5</u>		1140	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Cora</u>	b. (Middle) <u>Ann</u>	c. (Last) <u>Thompson</u>	Month <u>Jan</u>	Day <u>22</u>	Year <u>1957</u>

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>Aug. 6 1874</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>10</u>	IF UNDER 24 HRS. Hours <u>10</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Wm. Moines Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Henry Kleckner</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Edward Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Lindora Thompson, Wm. Grove, Mo.</u>	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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>Not known</u>
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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) (m.)	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 1-10, 1950, to 1-22, 1957, that I last saw the deceased alive on 1-22, 1957, and that death occurred at 10:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ed Connor M.D.</u>	23b. ADDRESS <u>Wheatland Grand Mo</u>	23c. DATE SIGNED <u>1-26-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 25 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hillcrest Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Wm. Grove Mo.</u>
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DATE REC'D BY LOCAL REG. <u>1-30-57</u>	REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Garber</u>	ADDRESS <u>Wm. Grove, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 2-5-57
WRIGHT CO. HEALTH DEPT.
County File Number 259-1A
Date Filed 2-9-1957

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 *Russell W Barber*

Licensed Embalmer No. *3848*

P. O. Address *Wm Hoover*

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.