

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25398

FILED JUL 17 1957

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 249

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Marion</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>                  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>Hannibal Mo.</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | c. CITY OR TOWN <u>Bowling Green</u> <u>820</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                        |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth</u> Length of stay in 1b <u>2 days</u>  |   | d. STREET ADDRESS <u>1206 W. Locust</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>              |   |
| 3. NAME OF DECEASED (Type or print) First Middle Last<br><u>Alberta Susan Thompson</u>   |   |  | 4. DATE OF DEATH Month Day Year<br><u>July 4, 1957</u>                    |
| 5. SEX <u>Female</u> 3   | 6. COLOR OR RACE <u>Colored</u>   | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 5, 1897</u>                                     |
| 9. AGE (In years last birthday) <u>60</u>  |   | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>   | 11. BIRTHPLACE (City and state or country) <u>Lincion Co., U.S.A.</u>     |
| 12. IF UNDER 1 YEAR Months <u>2</u> Days <u>9</u>  |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |   |
| 13. FATHER'S NAME <u>Charley McGinnis</u>  |   | 14. MOTHER'S MAIDEN NAME <u>Elizabeth Webb</u>   |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----  |   | 16. SOCIAL SECURITY NO. <u>498-34-9688</u>   | 17. INFORMANT Address <u>Alvesta Lawson, Bowling Green, Mo.</u>           |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>SUBENDOCARDIAL NECROSIS</u><br>DUE TO (b) <u>Arteriosclerotic Heart Disease</u><br>DUE TO (c) <u>Generalized Arteriosclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <u>Arteriosclerotic gangrene of rt foot; Diabetes Mellitus 4200</u> |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 week</u><br><u>Several years</u> |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> |  |   |
| 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) -----   |   |  |   |
| 20c. TIME OF INJURY Hour Month, Day, Year<br>a. m. p. m. -----   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) -----  |   |
| 20f. CITY, TOWN, OR LOCATION   |   | COUNTY   | STATE   |
| 21. I attended the deceased from <u>March, 1957</u> to <u>July 5</u> and last saw him alive on <u>July 4, 1957</u><br>Death occurred at <u>12:25 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE (Degree or title) <u>Cornelius Ceweleh, M.D.</u>  |   | 22b. ADDRESS <u>Hannibal Mo.</u>   | 22c. DATE SIGNED <u>7-9-57</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>July 6, 1957</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Garden</u>  | 23d. LOCATION (City, town, or county) (State) <u>Bowling Green, Mo.</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Grace Bankhead, Bowling Green, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>7-9-57</u>   | 26. REGISTRAR'S SIGNATURE <u>W. E. M. Lucke</u>                           |

RECEIVED JUL 16 1957  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 16 1957

NOV 26 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 *James C. King*

Licensed Embalmer No. *45*

P. O. Address *Rankin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.