

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-026266  
STATE FILE NUMBER

Registration District No. 280 Primary Registration District No. 4423 Registrar's No. 46

FILED AUG 7 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Platte</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Platte</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Weston</b>		Length of stay in 1b <b>5 months</b>		c. CITY OR TOWN <b>Weston</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Matthew's Rest Home</b>			d. STREET ADDRESS (If outside, give location) <b>R. R., Platte County</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Beulah</b> Middle <b>Elizabeth</b> Last <b>Thompson</b>			4. DATE OF DEATH -Month <b>July</b> Day <b>24</b> Year <b>1961</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>7-29-1900</b>	9. AGE (last birthday) <b>60</b> IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>		11. BIRTHPLACE (City and state or country) <b>Camden Point, Md. U. S. A.</b>		
13a. FATHER'S NAME <b>Joseph Duncan</b>		13b. MOTHER'S MAIDEN NAME <b>Laura McMillian</b>		14. NAME OF HUSBAND OR WIFE <b>O. W. Thompson</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>O. W. Thompson Weston, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchogenic Carcinoma</b>					INTERVAL BETWEEN ONSET AND DEATH <b>5 yr</b>	
DUE TO (b) <b>Primary lesion in left breast</b>						
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year						
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 <b>9-12-60</b> to <b>7-24-61</b> and last saw her <sup>her</sup> <sub>alive</sub> on <b>7-12-61</b> Death occurred at <b>7:45 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>D.O.</b>			22b. ADDRESS <b>Weston, Mo</b>		22c. DATE SIGNED <b>7-25-61</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-26-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pleasant Ridge Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Weston, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Vaughn Funeral Home Weston, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>P. 26. 1961</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>		

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

AUG 8 1961

**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 Robert D. Bramer, Student Embalmer No. 635

working under my personal supervision.

Student Robert D. Bramer  
Signature of Student Embalmer

Signed W. R. Vaughn

Licensed Embalmer No. 4023

P. O. Address Weston, 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.