

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-037444

STATE FILE NUMBER

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 476

FILED OCT 16 1961

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Crawford</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		Length of stay in 1b <b>1-day</b>	c. CITY OR TOWN <b>Arma</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <b>Joplin General Hospital</b>		Inside Limits <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Arma, Mo</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HENRIETTA</b> Middle <b>THOMPSON</b> Last <b>THOMPSON</b>			4. DATE OF DEATH Month <b>October</b> Day <b>9</b> Year <b>1961</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>4-8-1889</b>	9. AGE (last birthday) <b>72</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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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>Home</b>	11. BIRTHPLACE (City and state or country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>-----</b>
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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>Unk</b>	17. INFORMANT <b>Ned Denver</b>	Address <b>Chicago, Ill</b>
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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>Toxemia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3-days</b>
DUE TO (b) <b>Peritonid Abscess</b>		
DUE TO (c) <b>Acute Appendicitis</b>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Ruptured Appendix</b>		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	
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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.)
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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 <b>Arma, Mo</b>	COUNTY <b>Crawford</b>	STATE <b>Mo</b>
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21. I attended the deceased from **10-8-1961** to **10-9-1961** and last saw **her** alive on **10-9-1961**  
Death occurred at **m5:12 A** 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.D.</b>	22b. ADDRESS <b>Frisco Bldg Joplin Mo</b>	22c. DATE SIGNED <b>10-10-61</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>10-11-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Rosebank Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mulberry, Kansas</b>
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24. FUNERAL DIRECTOR <b>Ben R. Siple, Arma, Kansas</b>	25. DATE RECD. BY LOCAL REG. <b>10-13-1961</b>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**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 Ben R. Sygel

Licensed Embalmer No. 4834

P. O. Address Arma, T

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.