

FILED OCT 8th 1955THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29307

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 296

1. PLACE OF DEATH a. COUNTY <u>Cole.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City</u>		c. CITY OR TOWN <u>California</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>10 days</u>		e. STREET ADDRESS (If rural, give location) <u>Gen. Delivery.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Charles E. Still Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>Amelia</u>		b. (Middle) <u>Henrietta</u> c. (Last) <u>Thompson</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <u>Widowed</u>	8. DATE OF BIRTH <u>March 4, 1882</u>
9. AGE (in years last birthday) <u>73</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>McGirk, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME (UNKNOWN) <u>Altoff</u>	13b. MOTHER'S MAIDEN NAME <u>KATHRYN (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph W. Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Kathryn Old, Hartsburg, Mo.</u>	
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.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal failure 2 mo</u> DUE TO (c) <u>Uremia</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>			
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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>Sept 26, 1955</u> , to <u>Oct 5, 1955</u> , that I last saw the deceased alive on <u>Oct 5, 1955</u> , and that death occurred at <u>2:28 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Ernest E. Rakowski</u> (Degree or title)		23b. ADDRESS <u>616 E. High Aff. City Mo</u>	
23c. DATE SIGNED <u>Oct 5, 55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Oct 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salem Evangelical</u>	24d. LOCATION (City, town, or county) (State) <u>California, Missouri</u>
DATE REC'D BY LOCAL REG. <u>6 Oct 1955</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Earl R. Bowlin - California, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 19 1955

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.....

Licensed Embalmer No. 493

P. O. Address California

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.