

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

0047180

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 336

Primary Registration District No. 6136

Registrar's No. 251

DEFILED 08 64

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

1. PLACE OF DEATH a. COUNTY - Shannon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Shannon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>SPRING VALLEY</b>		Length of stay in lb Minutes	c. CITY OR TOWN <b>Round Springs</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>In auto enroute to physician</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ----- Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>BELINDA SUE THOMPSON</b>			4. DATE OF DEATH Month Day Year <b>November 22 1964</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/15/64</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Infant</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (last birthday) -- IF UNDER 1 YEAR Months Days <b>9 7</b>
11. BIRTHPLACE (City and state or country) <b>Summerville, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Oma Pyatt</b>	14. NAME OF HUSBAND OR WIFE <b>None</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 <b>Joseph Thompson Box 105</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>SEPSIS</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>
DUE TO (b) <b>BRONCHOPNEUMONIA</b>			<b>1 day</b>
DUE TO (c) <b>massive mixed viral infection</b>			<b>6 days</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Mal Nutrition</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. 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>not 21</b> to <b>not 22</b> and last saw her alive on <b>not 21</b> Death occurred at <b>9:15 A</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Dr Lawrence Hampton DO</b>		22b. ADDRESS <b>Summerville</b>	22c. DATE SIGNED <b>11/25/64</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Rem &amp; Burial</b>		23b. DATE <b>11/25/64</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pyatt Cemetery</b>
23d. LOCATION (City, town, or county) <b>Shannon County Missouri</b>		23e. (State)	
24. FUNERAL DIRECTOR <b>Max L. Warpe</b>		25. DATE RECD. BY LOCAL REG. <b>12-7-64</b>	26. REGISTRAR'S SIGNATURE <b>Walter R...</b>
ADDRESS <b>Salem, Mo.</b>			

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Edward F. Boyles

**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 Edward F. Boyles

Licensed Embalmer No. 4553

P. O. Address 9X125 Salem 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.