

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4704

FILED MAR 9 1950

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY <u>Haskell</u>		2. USUAL RESIDENCE (Where deceased lived - If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Haskell</u>	
b. CITY (If outside corporate limits write RURAL and give township) <u>West Plains</u>		c. CITY (If outside corporate limits, give RURAL and give township) <u>West Plains</u>	
c. LENGTH OF STAY (in this place) <u>14 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>West Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West Main St Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dr. M. Maurice</u> b. (Middle) <u>Thompson</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-29-50</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>5-20-1885</u>	9. AGE (In years last birthday) <u>64</u> If under 1 year Months <u>8</u> Days <u>7</u> If under 12 hours Hours <u>7</u> Min.
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10a. USUAL OCCUPATION (Give kind of work performed during most of working life, even if retired) <u>Physician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>H.C. Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Maurice Mabel Thompson</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. M. Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. Thompson</u> ADDRESS <u>West Plains, Mo</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1201</u>
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS - STAT.</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CARDIAC INFARCTION - 90 days</u> DUE TO (c) <u>INTESTINAL OBSTRUCTION</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>17-12-49</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Nov 15, 1949, to Jan 29, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) <u>Robert M. D. W. D.</u>	23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>17-2-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>12</u>	24b. DATE <u>1-31-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo</u>
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DATE REC'D BY LOCAL REG. <u>2-21-50</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert M. D. W. D.</u> ADDRESS <u>West Plains, Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(6)

MAR 15 1950

RECEIVED

2/27/50

District Health Officer No. 8

District File Number 350-191

Date Filed 3/7/50

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 _____
Student Embalmer

Signed

D. D. Robertson

Licensed Embalmer No. 3437

P. O. Address *West Plains, 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 this body is not embalmed, fact should be so stated above.