

STANDARD CERTIFICATE OF DEATH

JAN 3 1952

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 2053 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY <i>Phelps</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Phelps</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Rolla</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Highgate (Jefferson Township)</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Phelps Co. Mem. Hosp.</i>		d. STREET ADDRESS (If rural, give location) <i>0310</i>	

3. NAME OF DECEASED a. (First) <i>Edward</i> b. (Middle) <i>J.</i> c. (Last) <i>Thompson</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>DEC-24-1951</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>JAN-23-1893</i>		9. AGE (In years last birthday) <i>58</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>own farm</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Jessac Thompson</i>		13b. MOTHER'S MAIDEN NAME <i>Julia Coster</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Ser accident (thorax right)</i>		INTERVAL BETWEEN ONSET AND DEATH <i>38 hours</i>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>alcoholism + exposure</i>			
		DUE TO (c) <i>Terminal bronchial pneumonia E8234</i>		<i>12 hours</i>	
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) <i>accident (Car)</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>farm</i>		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE) <i>Rolla Phelps Mo</i>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Dec. 22 1951 11:15 P</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>striking car, alone, left highway hit tree</i>	

22. I hereby certify that I attended the deceased from *Dec 23, 1951*, to *Dec 24, 1951*, that I last saw the deceased alive on _____, 19____, and that death occurred at *1:15 P* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Clary Ala Shaker M.D.</i>		23b. ADDRESS <i>Rolla Mo</i>		23c. DATE SIGNED <i>Dec 24/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>12/26/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Grove Dale Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Gasconade County - Mo</i>	
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DATE REC'D BY LOCAL REG. <i>Dec. 24, 1951</i>		REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Sessinger's Funeral Service (Ph)</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2812
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RECEIVED
Pheelps County Health Officer,
County File Number _____
Date Filed 1-2-51

JAN 1 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Chet Sanner

Signed.....
Student Embalmer

Licensed Embalmer No. 4128

P. O. Address Bland - 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.