

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30843

State File No.

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 968

117
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Buchanan</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | |
| c. LENGTH OF STAY (in this place) <u>4 days</u> | | d. STREET ADDRESS (If rural, give location) <u>10th & Belle</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Idle Hour Nursing Home</u> <u>218 So. 10th St.</u> | | | |

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|--|--|---|--|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>William Logan Thompson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9 / 9 / 52</u> | | |
| 5. SEX <u>♂</u> | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>May 6 / 1883</u> |
| 9. AGE (in years last birthday) <u>69</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>C.B. & W. railroad</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Foreman</u> | | 11. BIRTHPLACE (State or foreign country) <u>Clarksville, Mo.</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>Benjamin H. Thompson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stambaugh</u> | | 14. NAME OF HUSBAND OR WIFE <u>Nora Mae Gross</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Nora Mae Gross</u> | |
| | | | | ADDRESS <u>St. Joseph, Mo.</u> | |

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|--|--|---|--|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Accident</u> | | ANTECEDENT CAUSES | | | unknown |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | unknown |
| | | DUE TO (b) <u>Cerebral Arteriosclerosis</u> | | | |
| | | DUE TO (c) <u>Generalized Arteriosclerosis</u> | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | |
| | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|--|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | 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) | |

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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 | |
|--|--|--|--|---------------------------|--|

22. I hereby certify that I attended the deceased from 5-13, 1952, to 9-8-52, 1952, that I last saw the deceased alive on 9-8, 1952, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

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|--|--|-------------------|--|--|--|
| 23a. SIGNATURE <u>Orville Dawson MD</u> | | (Degree or title) | | 23b. ADDRESS <u>Rich Springs, Mo.</u> | |
| 23c. DATE SIGNED <u>9-12-52</u> | | | | | |

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|--|--|---------------------------------|--|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9 / 11 / 52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Odd Fellows Public</u> | |
| | | | | 24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u> | |

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|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. <u>Sept 18, 1952</u> | | REGISTRAR'S SIGNATURE <u>Carl C. Casto</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Barry</u> | |
| | | | | ADDRESS <u>St. Joseph Mo.</u> | |

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph Mich

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.