

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 10492 REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5985 Registrar's No. 15

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

1. PLACE OF DEATH a. COUNTY <b>Pulaski</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Ft Leonard Wood, Mo</b>	c. LENGTH OF STAY (In this place) --	c. CITY (If outside corporate limits, write RURAL and give township) <b>TOWN Waynesville, Missouri</b>	<b>0850</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>US Army Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>Courtesy Courts</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>MICHIAL</b> c. (Last) <b>THOMPSON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 21 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) -- -- -- -- <b>0</b>	8. DATE OF BIRTH <b>19 Jan 1953</b>		9. AGE (In years last birthday) <b>3</b> # UNDER 1 Year # UNDER 1 Month
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) -- -- --		10b. KIND OF BUSINESS OR INDUSTRY -- -- --		11. BIRTHPLACE (State or foreign country) <b>Ft Leonard Wood, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>John H. Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Laura Lee Beal</b>		14. NAME OF HUSBAND OR WIFE -- -- --	
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15. WAS DECEASED EVER IN ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. -- -- --	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>B.J. BAJORIN, Maj, MSC US Army Hospital Ft Leonard Wood, Mo</b>			
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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) <b>Congenital Atelectasis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>	
	II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prematurity</b>				
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7625</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
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 19 Jan, 1953, to 21 Jan, 1953; that I last saw the deceased alive on 21 Jan, 1953, and that death occurred at 1645 hrs., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>David F. Ewbank M.D.</b>		23b. ADDRESS <b>US Army Hospital Fort Leonard Wood, Missouri</b>		23c. DATE SIGNED <b>23 Jan 53</b>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>JAN 25-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Siler City No CAROLINA</b>	24d. LOCATION (City, town, or county) (State) <b>Siler City No CAROLINA</b>		
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DATE REC'D BY LOCAL REG. <b>1-24-53</b>	REGISTRAR'S SIGNATURE <b>Charles Anderson</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>Hedges Funeral Home Crocker Mo</b>		
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RECEIVED 1-24-53  
Pulaski County Health Officer  
File Number \_\_\_\_\_  
Date Filed 1-24-53

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

*Clarence Thieser*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4896

P. O. Address *Waynesville, 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.