

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1953

BIRTH NO. _____ REG. DIST. NO. 293 PRIMARY REG. DIST. NO. 4476 - Registrar's No. _____

870

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

1. PLACE OF DEATH a. COUNTY <u>Ralls</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD <u>New London (Spencer)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>New London, Missouri</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Spencer Township</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>William</u> c. (Last) <u>Tompkins</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>16</u> (Year) <u>1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>November 5, 1893</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Ralls County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>W.C. Tompkins</u>	13b. MOTHER'S MAIDEN NAME <u>Ella Goodnow Lear</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WWI</u>	16. SOCIAL SECURITY NO. <u>W W I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Fannie Tompkins</u>	ADDRESS <u>New London, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death caused from hanging</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Suicide</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		187	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>974x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Spencer Township Ralls Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>June 12 12:00 p.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hung himself</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Clyde Wesley Cooney</u> (Degree or title) <u>Registrar</u>	23b. ADDRESS <u>Spencer, Mo</u>	23c. DATE SIGNED <u>6/16/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6/18/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Barkley</u>	24d. LOCATION (City, town, or county) (State) <u>New London Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 20 1953</u>	REGISTRAR'S SIGNATURE <u>Grace Cooney</u> <u>470</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Wesley Cooney</u> ADDRESS <u>HANNIBAL, Mo</u>
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JUN 29 1953

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 _____

John S. Stand

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.