

# STANDARD CERTIFICATE OF DEATH

State File No. 1003
 BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 years</u>	c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2403 W. Phelps Street</u>			e. STREET ADDRESS (If rural, give location) <u>2403 W. Phelps Street</u> <span style="float: right;"><u>0396</u></span>		
3. NAME OF DECEASED (Type or Print)		a. (First) <u>ALBERT</u>	b. (Middle) <u>HENRY</u>	c. (Last) <u>THOMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 30, 1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>17 Nov. 1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
IF UNDER 12 HRS. Hours <u>  </u> Min. <u>  </u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen. farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <input checked="" type="checkbox"/> <u>Ozark County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Albert Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Grace Thompson</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 ADDRESS <u>Grace Thompson, 2403 W. Phelps Street, Springfield, Missouri</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral of Prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Cerebral of Prostate</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) <u>177 X</u>			
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 <u>May</u> , 19 <u>53</u> , to <u>1-30</u> , 1954, that I last saw the deceased alive on <u>1-26</u> , 1954, and that death occurred at <u>11:00 P.M.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Max F. Stet</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>1-23-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1 Feb. 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clear View Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-2-54</u>	REGISTRAR'S SIGNATURE <u>Frank Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Paul C. Thorne, Springfield, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
Signature of Student Embalmer

Signed.....

*Ralph H. Thier*

Licensed Embalmer No. 3681  
Springfield, Misso  
P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.