

## STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 4 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>MARION</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MARION</u>	
b. CITY OR TOWN <u>HANNIBAL</u>		c. CITY OR TOWN <u>MONROE CITY</u>	
c. LENGTH OF STAY (in this place) <u>7 Days</u>		d. 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>ST. ELIZABETH HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>708 NORTH MAIN ST.</u>	
3. NAME OF DECEASED (Type or Print) <u>GEORGE SIMPSON</u>		4. DATE OF DEATH <u>MARCH 25 1955</u>	
a. (First) <u>GEORGE</u> b. (Middle) <u>SIMPSON</u> c. (Last) <u>TOMPKINS</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>NOVEMBER 2, 1892</u>	
9. AGE (In years, last birthday) <u>62</u> 10. IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> 11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		9. AGE (In years, last birthday) <u>62</u> 10. IF UNDER 1 YEAR Months <u>4</u> Days <u>19</u> 11. 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>CITY CLERK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLERICAL WORK</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Monroe City, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
13a. FATHER'S NAME <u>GEORGE W. TOMPKINS</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZABETH FRANCES SIMPSON</u>	
14. NAME OF HUSBAND OR WIFE <u>WILMA TOMPKINS</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>498-05-7973</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wilma Tompkins</u> ADDRESS <u>Monroe City Mo</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma left lung</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3 1/2 lbs of Aortic lymph nodes show Carcinoma</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)	
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>4-15-49</u> , 19 <u>    </u> , to <u>3-25-55</u> , 19 <u>    </u> , that I last saw the deceased alive on <u>3-25-55</u> , 19 <u>    </u> , and that death occurred at <u>3:05 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS (Degree or title) <u>A. M. D. 100 N. Sixth, Hannibal, Missouri</u>	
23c. DATE SIGNED <u>3-28-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-27-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. JULES CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City Missouri</u>	
DATE REC'D BY LOCAL REG. <u>3-30-55</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke By W. C. Fisher</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>WILSON &amp; SONS</u>		ADDRESS <u>Monroe City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 1 1956  
MARION CO. HEALTH DEPT.  
DATE FILED APR 1 1956

FEB 28 1956

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 me....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Leslie L. Neilson.....

Licensed Embalmer No. 3014  
P. O. Address Monroe City

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.