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FILED JUL 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17618**

BIRTH NO. _____ REG. DIST. NO. **9** PRIMARY REG. DIST. NO. **5018** Registrar's No. **S.F.**

1. PLACE OF DEATH a. COUNTY Andrew		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give town) Rural R.F.D. c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Rural d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whitesville		f. STREET ADDRESS (If rural, give location) R.F.D. Whitesville	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Glenn	b. (Middle)	c. (Last) Thompson	June	16	1955

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug 13 1884	9. AGE (In years last birthday) 74	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	11. BIRTH PLACE (City and State or Foreign Country) Whitesville, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Solan M. Thompson	13b. MOTHER'S MAIDEN NAME Nellie Messmer	14. NAME OF HUSBAND OR WIFE Ethel Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Glenn T. Bulla	ADDRESS King City, Mo.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Broken neck		INTERVAL BETWEEN ONSET AND DEATH 6/16/55
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Accidentally from fall		
	DUE TO (c) 8240		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Death Instant 2-3-5		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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.) to me	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell from truck load hay
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22. I hereby certify that I attended the deceased from **6-16**, 1955, to **6-16**, 1955, that I last saw the deceased alive on **6-16**, 1955, and that death occurred at **4 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) V. DeLoach M.D.	23b. ADDRESS Remondale Mo	23c. DATE SIGNED 6/17/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-19-1955	24c. NAME OF CEMETERY OR CREMATORY Whitesville Whitesville Mo	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 6-19-55	REGISTRAR'S SIGNATURE Lillian Dpath	25. FUNERAL DIRECTOR'S SIGNATURE Greit Funeral Home Savannah Mo	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *E. C. Breit*.....

Licensed Embalmer No. *265*

P. O. Address *Sumner*

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.