

FILED JUN 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19147

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 235

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY OR TOWN <u>Joplin</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF TIME (Specify place) <u>All life</u>		e. STREET ADDRESS (If rural, give location) <u>1916 Anne Baxter ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1916 Anne Baxter ave</u>		f. STREET ADDRESS (If rural, give location) <u>1916 Anne Baxter ave</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> (Middle) <u>Rudolph</u> (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6-2-1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>July 29-1906</u>
9. AGE (In years) last birthday <u>48</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Joplin Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Blanche Duzard</u>	
14. NAME OF HUSBAND OR WIFE <u>Ira</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, state year and date of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>500-09-1491</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ira Thompson</u> ADDRESS <u>Joplin Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion with infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-28-55</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		to time of death <u>Unknown</u>	
DUE TO (c) <u>4201</u>			
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	
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) m.		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>4-14-53</u> , 19 <u> </u> , to <u>6-2-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>6-1-55</u> , 19 <u> </u> and the death occurred at <u>6:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. J. Rubin, Jr., M.D.</u>		23b. ADDRESS <u>321 Trisco Building, Joplin, Missouri</u>	
23c. DATE SIGNED <u>6-4-55</u>			
24a. BURIAL CREMATION (Specify)		24b. DATE <u>6-4-1955</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>The Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Webb City Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-16-55</u>		REGISTRAR'S SIGNATURE <u>James R. Humbell</u> ADDRESS <u>Joplin Mo</u>	
GENERAL DIRECTOR'S SIGNATURE <u>James R. Humbell</u>		ADDRESS <u>Joplin Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1955

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 *William E. Haddock*

Licensed Embalmer No. *777*

P. O. Address *Spring Hill*

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.