

No. 300
10.48

FILED NOV 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32507

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 56 PRIMARY REG. DIST. NO. 5194 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Carroll.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carroll.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>(Rural) Moss-Creek.</u>	c. LENGTH OF STAY (in this place) <u>40 Years.</u>	c. CITY OR TOWN <u>Norborne.</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>In ambulance on Hwy. # 10 on way to hospital.</u>		e. STREET ADDRESS (If rural, give location) <u>309 east 2nd street.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Minet.</u> b. (Middle) <u>Clifford</u> c. (Last) <u>Thompson.</u>	4. DATE OF DEATH <u>Nov. 4, 1955</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>Widowed.</u>	8. DATE OF BIRTH <u>May 23, 1882.</u>	9. AGE (in years last birthday) <u>73.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter in early life.</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Eastport, Iowa.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Unknown.</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown.</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>No</u>	16. SOCIAL SECURITY NO. <u>487-03-9553.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ericka Kirsten</u>	ADDRESS <u>Norborne 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Car driven by Raymond Moore.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hit Thompson working in street.</u>		
	DUE TO (c) <u>Broken back, Internal injuries.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>8124</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>25</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident city</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Norborne Mo. Norborne</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Carroll Mo</u> (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 4 1955 11:30 pm.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK _____	21f. HOW DID INJURY OCCUR? <u>Car running over him.</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 1:10 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Ray Dickerson</u> (Degree or title) <u>Coroner</u>	23b. ADDRESS <u>Boyard Mo</u>	23c. DATE SIGNED <u>11-7-55</u>
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24a. BURIAL OR CREMATION REMOVED (Specify) <u>Burial</u>	24b. DATE <u>11/6/1955.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Lutheran Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>North Norborne, Mo</u>
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DATE REC'D BY LOCAL REG. <u>Nov-6-1955</u>	REGISTRAR'S SIGNATURE <u>Bileen Pennington</u>	46-D	25. FUNERAL DIRECTOR'S SIGNATURE <u>John G Ditch</u>	ADDRESS <u>Norborne Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 13 1958

JAN 9 1958

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. me working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John G. Ditch

Licensed Embalmer No. 3454

P. O. Address North...

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.