

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39913

FILED JAN 4 - 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 17

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>Jack son</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hale</u>	c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>Kansas City</u>	d. In 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.		e. STREET ADDRESS (If rural, give location) <u>2400 Benton</u> <u>3375/</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY R</u>	b. (Middle) <u>PIERCE</u>	c. (Last) <u>THOMPSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 28, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31, 1887</u>	9. AGE (In years last birthday) <u>68</u>	# UNDER 1 YEAR <u>1</u> MONTH <u>27</u> DAY	# UNDER 1 HRS. <u></u> HOUR <u></u> MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Wagon Sales</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Huntington West Virginia.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Albert Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Don't Know</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs Roberta Thompson,</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. (If yrs. of war or dates of service) <u>703-03-9570</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Mrs Roberta Thompson, 2400 Benton K.C. Mo.</u>
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18. CAUSE OF DEATH Enter only once on each 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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		DUE TO (b) <u>Asphyxy</u>		
ANTECEDENT CAUSES		DUE TO (c) _____		
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		<u>334X</u>		

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) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hale</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Carroll, Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</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 3:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ray Dickinson Coroner</u>	23b. ADDRESS <u>Dogard Mo</u>	23c. DATE SIGNED <u>12/28/55</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/30/1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hale Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hale Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-30-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ruff Henderson</u>	49-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford W. Justen</u>	ADDRESS <u>Texas Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 27 1956

APR 27 1956

JAN 4 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 32

P. O. Address...Tonia, A.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.