

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41589

State File No. ....

FILED DEC 30 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 224

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Phelps</u>                                  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Rolla</u> | c. LENGTH OF STAY (in this place) (township) <u>10 years</u> | c. CITY OR TOWN <u>Rolla</u>   | d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>404 East 2nd Street</u>            |  | STREET ADDRESS (If rural, give location) <u>404 East 2nd Street</u> <span style="float: right;">08120</span>                               |   |

|                                     |                           |                            |                           |  |
|-------------------------------------|---------------------------|----------------------------|---------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ORLANDO</u> | b. (Middle) <u>EVERETT</u> | c. (Last) <u>THOMPSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>December 23, 1955</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>January 20, 1871</u> | 9. AGE (In years last birthday) <u>84</u>                                 | IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u> | 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>Farmer</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>                      |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Arlington, Iowa</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>      |

|   |  |  |
|---|--|--|
| 13a. FATHER'S NAME <u>Dave Thompson</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Hill</u> | 14. NAME OF HUSBAND OR WIFE <u>Blanche</u> |
|---|--|--|

|   |                                     |  |                           |
|---|-------------------------------------|--|---------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Blanche Thompson</u> | ADDRESS <u>Rolla, Mo.</u> |
|---|-------------------------------------|--|---------------------------|

|   |  |                                   |                                  |
|---|--|-----------------------------------|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Sudden Coronary Occlusion</u>  |                                   | <u>Immediate</u>                 |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis / heart disease</u><br>DUE TO (c) <u>4200F</u> |                                   |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | <u>Senility + Recent fracture</u> |                                  |

|  |   |  |
|--|---|--|
| 19a. DATE OF OPERATION <u>12/14/55</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Intercapular fracture right of left femur</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|--|---|--|

|   |   |  |
|---|---|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>          | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>              | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Rolla Phelps Mo</u>                     |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-9-55/1A</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 21f. HOW DID INJURY OCCUR <u>Had been bed fast for 1 yr + got up + attempted to walk</u> |

22. I hereby certify that I attended the deceased from 12-9-, 1955, to 12-23-, 1955, that I last saw the deceased alive on 12-22-, 1955, and that death occurred at 10:30am., from the causes and on the date stated above.

|  |                   |                              |                                  |
|--|-------------------|------------------------------|----------------------------------|
| 23a. SIGNATURE <u>Wm. [Signature] D.O.</u> | (Degree or title) | 23b. ADDRESS <u>Rolla Mo</u> | 23c. DATE SIGNED <u>12/23/55</u> |
|--|-------------------|------------------------------|----------------------------------|

|   |                                |  |  |
|---|--------------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Dec. 27, 1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Roach Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Phelps County, Missouri</u> |
|---|--------------------------------|--|--|

|   |  |     |  |                           |
|---|--|-----|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>Dec. 24, 1955</u> | REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> | 380 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Hull</u> | ADDRESS <u>Rolla, Mo.</u> |
|---|--|-----|--|---------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,  
County File Number 293  
Date Filed DEC 22 1956

DEC 29 1956  
6 P M

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.....

Licensed Embalmer No. 449

P. O. Address Rolla,

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.