

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29738**

FILED SEP 18 1956

BIRTH NO. _____ REG. DIST. NO. **4** PRIMARY REG. DIST. NO. **4014** Registrar's No. **86**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY Atchison		a. STATE Missouri	b. COUNTY Atchison
b. CITY (If outside corporate limits, write RURAL and give township) Fairfax	c. LENGTH OF STAY (In this place) 7 wks	c. CITY (If outside corporate limits, write RURAL and give township) Rural	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION airfax Community Hosp.		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print)	a. (First) Harry	b. (Middle) Bonald	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) 9 10 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-11-1921	9. AGE (In years last birthday) 35 If UNDER 1 YEAR Months 6 Days 29 If UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during the greater part of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Atchison County, Mo.,	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Ivan Thompson	13b. MOTHER'S MAIDEN NAME Minnie Maddox	14. NAME OF HUSBAND OR WIFE Ellen Hays Thompson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Specify, give war or dates of service) Yes	16. SOCIAL SECURITY NO. 172	17. INFORMANT'S SIGNATURE OR NAME <i>Ellen Thompson</i>	ADDRESS Fairfax, 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, 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) <i>Generalized Carcinomatosis</i>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Carcinoma of the Cecum</i> DUE TO (c)		
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"/>
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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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 153X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/9/54 **to** 9/10/56 **that I last saw the deceased alive on** 9/10/56 **and that death occurred at** 8:12 pm. **from the causes and on the date stated above.**

23. SIGNATURE <i>Med. Emerger</i>	(Degree or title)	23b. ADDRESS <i>Jarvis Mo.</i>	23c. DATE SIGNED <u>9/13/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-13-1956	24c. NAME OF CEMETERY OR CREMATORY English Grove Cem.	24d. LOCATION (City, town, or county) (State) Fairfax, Mo.,
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DATE REC'D BY LOCAL REG. <u>Sept 16 1956</u>	REGISTRAR'S SIGNATURE <i>Marvin A. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Bartholomew Mortuary</i>	ADDRESS Rockport.
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 3 1956

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
Student Embalmer

Signed *Geat Barchatoune*
Licensed Embalmer No. 3173

P. O. Address Rock Port. Mo.,

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 this body is not embalmed, fact should be so stated above.