

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

State File No. **37282**

FILED NOV 26 1956

BIRTH NO.		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY OR TOWN Cape Girardeau		c. LENGTH OF STAY (In this place) 6 days		c. CITY OR TOWN Rural Appleton			
d. FULL NAME OF HOSPITAL OR INSTITUTION Southeast Mo Hospital				d. STREET ADDRESS (If rural, give location) 47 N. Oak Ridge Mo. 0101			
3. NAME OF DECEASED (Type or Print) a. (First) OSCAR			b. (Middle) —			c. (Last) THOMPSON	
4. DATE OF DEATH (Month) (Day) (Year) November 12, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct 11, 1879		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming			10b. KIND OF BUSINESS OR INDUSTRY —			11. BIRTHPLACE (State or foreign country?) near Oak Ridge	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wm Thompson		13b. MOTHER'S MAIDEN NAME Josephine Finkle		14. NAME OF HUSBAND OR WIFE Dora Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dora Thompson Oak Ridge Mo			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Possibility of Pulmonary TBC DUE TO (c) —				INTERVAL BETWEEN ONSET AND DEATH 1 minute	
19a. DATE OF OPERATION 11-12-56		19b. MAJOR FINDINGS OF OPERATION Benign Bronchial Hyperplasia .002X				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)		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 11-7-1956 , to 11-12-1956 , that I last saw the deceased alive on 11-12-1956 , and that death occurred at 2:29 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Paul B. Humberman M.D.				23b. ADDRESS Cape Girardeau Mo		23c. DATE SIGNED 11-19-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 15, 1956		24c. NAME OF CEMETERY OR CREMATORY Russell Heights Jackson Mo		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 11-20-56		REGISTRAR'S SIGNATURE P. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Carcraft Jackson Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

440

MAR 5 1961

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 *Gene O. Crawford*

Licensed Embalmer No. 4327

P. O. Address *Suber, 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.