

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41301

State File No.

FILED DEC 24 1956

BIRTH NO. _____		REG. DIST. NO. <u>140</u>		PRIMARY REG. DIST. NO. <u>3024</u>		Registrar's No. <u>121</u>	
1. PLACE OF DEATH a. COUNTY <u>Howard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fayette, Mo.</u>		c. LENGTH OF STAY (If in care) <u>36 hrs</u>		c. CITY OR TOWN <u>Fayette</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lee Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>Richmond Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lucius</u>		b. (Middle) <u>Desha</u>		c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 17, 1956</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never Married</u>		8. DATE OF BIRTH <u>Sept. 13, 1872</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>Own Farm</u>		9. AGE (In years) (last birthday) <u>84</u>		IF UNDER 1 YEAR: Months <u>3</u> Days <u>4</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Howard County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Walter Thompson</u>			
13b. MOTHER'S MAIDEN NAME <u>Elizabeth Anderson</u>		14. NAME OF HUSBAND OR WIFE -----					
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 ADDRESS <u>Mrs Nelle Thompson Fayette, Missouri</u>			
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) <u>cerebral vascular accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hr</u> <u>unknown</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
21a. ACCIDENT SITUATION <u>strutural</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fayette, Missouri</u>		21f. HOW DID INJURY OCCUR? <u>4200</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Dec 17, 1956</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>Dec 16</u> , 19 <u>56</u> , to <u>Dec 17</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Dec 17</u> , 19 <u>56</u> , and that death occurred at <u>9:52</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. J. Shaw, Jr. M.D.</u>		23b. ADDRESS <u>Lee Hospital, Fayette, Mo</u>		23c. DATE SIGNED <u>12-19-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12/20/1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-19-56</u>		REGISTRAR'S SIGNATURE <u>Mary K. Shell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Carr</u>		ADDRESS <u>Fayette, Mo.</u>	

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

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MS JAN 20 1960

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Ralph A. Carr

Licensed Embalmer No. *334*

P. O. Address *Fayette*

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.