

FILED FEB 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5769**
0341328
Registrar's No. **692157**

BIRTH NO. _____ REG. DIST. NO. **275** PRIMARY REG. DIST. NO. **3053**

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Mo. b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rolla, Mo.)		c. LENGTH OF STAY (in this place) 5hrs.	c. CITY OR TOWN Vienna, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Phelpa County Memorial		e. STREET ADDRESS (If rural, give location) 0630 Jackson Twp.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) E. c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1957.
--	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 22, 1875.	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months 3 Days 10 IF UNDER 12 HRS. Hours Min.
--------------------	-------------------------------	---	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Oslo, Norway	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	-----------------------------------	--	---

13a. FATHER'S NAME Thomas Thompson	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE May Thompson
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 317-09-9400	17. INFORMANT'S SIGNATURE OR NAME Mrs May Thompson, Vienna, Mo.	ADDRESS
---	---	--	---------

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, assthenia, 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) Cerebral hemorrhage		4 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertension DUE TO (c)		5 yr
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"/>
------------------------	----------------------------------	--

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) 331X
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 **2/12, 1957**, to **2/12, 1957**, that I last saw the deceased alive on **2/12, 1957**, and that death occurred at **4:45P m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) MD	23b. ADDRESS Rolla Mo	23c. DATE SIGNED 2/14/57
---	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/15/57	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	24d. LOCATION (City, town, or county) (State) Vienna, Mo.
---	--------------------------	---	--

DATE REC'D BY LOCAL REG. Feb. 18, 1957	REGISTRAR'S SIGNATURE [Signature]	25. GENERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Vienna, Mo.
---	--	---	----------------------------

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

380

0516
RECEIVED

Phelps County Health Officer,

County File Number 658

Date Filed FEB 25 1958

FEB 26 1958

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 *M. B. Birmingham*.....

Licensed Embalmer No. 366

P. O. Address *Chenoweth*.....

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.