

5856

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED MAR 13 1957

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3856</u>		Registrar's No. <u>50</u>					
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>3 days</u>		c. CITY OR TOWN <u>Prairie 0220 Rural-Township 0</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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>near Prairie Hill</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>			b. (Middle) <u>Clay</u>		c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 4 1957</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>December 20, 1877</u>		9. AGE (In years) (Last birthday) <u>79</u>			
IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Randolph County, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>			13a. FATHER'S NAME <u>George T. Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Ellen Vaughn</u>		
13c. NAME OF HUSBAND OR WIFE <u>Mary Esther Thompson</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Esther Thompson</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>			16. SOCIAL SECURITY NO. <u>none</u>		
17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Thompson: Salisbury, Missouri</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Thompson: Salisbury, Missouri</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Thompson: Salisbury, Missouri</u>			ADDRESS <u>Salisbury, 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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Arteriosclerosis</u>  DUE TO (b) <u>Hypertensive heart disease</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>  ?  ?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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) <u>2</u>		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 <u>3-1-57</u> , 19____, to <u>3-4-57</u> , 19____, that I last saw the deceased alive on <u>3-4-57</u> , 19____, and that death occurred at <u>8:20a.</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>G. Moe Adams D.O.</u>				23b. ADDRESS <u>Clifton Hill, Missouri</u>				23c. DATE SIGNED <u>3-5-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>3-6-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prairie Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Prairie Hill, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>3-6-57</u>		REGISTRAR'S SIGNATURE <u>Leah Blouie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Tom B. Patton</u>				ADDRESS <u>Huntsville</u>			

(Licensed Embalmer's Statement on Reverse Side)

md

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

---

---

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 *Tom B Patton*.....

Licensed Embalmer No. *3914*.....

P. O. Address *Huntville*.....

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.