S. No. 300
v. 10.48

FILED APR 8 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11821

BIRTH NO. _____ REG. DIST. NO. 381 PRIMARY REG. DIST. NO. 4515 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: SULLIVAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MILAN,
c. LENGTH OF STAY (in this place): 2 Mo. 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SULLIVAN CO. MEMORIAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SULLIVAN
c. CITY OR TOWN: MILAN, 105 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): PIERCE
b. (Middle):
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): 3 - 29 - 1957

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: 9-25-1872
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 6, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): VIRGINIA 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Norman Thompson
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Wallace
14. NAME OF HUSBAND OR WIFE: Celia Angelina Thompson (Boyd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: PEARL LEE
ADDRESS: CORAN, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac - nephritis - syndromes -
INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Laborat. pneumonia
1-14-57

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: 442X
20. AUTOPSY? 2 YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14-, 1957, *to* 3-29, 1957, *that I last saw the deceased alive on* 3-29, 1957, *and that death occurred at* 6:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ed Arrington D.O. 2
23b. ADDRESS: Milan
23c. DATE SIGNED: 3-29-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/31/57
24c. NAME OF CEMETERY OR CREMATORY: Bairdstown Cem
24d. LOCATION (City, town, or county): Sullivan Co (State): Mo

DATE REC'D BY LOCAL REG.: 4-1-57
REGISTRAR'S SIGNATURE: Mrs M.W. Beckett
25. FUNERAL DIRECTOR'S SIGNATURE: Schoene Dwyer Schoene
ADDRESS: Milan - Mo

(Licensed Embalmer's Statement on Reverse Side)

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

525
0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Dwight Schoene

Licensed Embalmer No. 2667

P. O. Address Milan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu
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.