

FILED JUL 31 1957

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24304

STATE FILE NUMBER

 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 521

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Henry</u> | b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> | a. STATE <u>Missouri</u> | b. COUNTY <u>Henry</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>319 W Clinton</u> | | c. CITY OR TOWN <u>Clinton</u> | d. STREET ADDRESS (If outside, give location) <u>319 W Clinton</u> |
| Length of stay in lb <u>life</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |

| | | | | |
|--|-------------------------------|---|--|-----------------------------------|
| 3. NAME OF DECEASED (Type or print) | | | 4. DATE OF DEATH | |
| First <u>CHARLES</u> | Middle <u>WILLIAM</u> | Last <u>THOMPSON</u> | Month <u>July</u> | Day <u>16</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 8. DATE OF BIRTH <u>June 28 1899</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> | 11. BIRTHPLACE (City and state or country) <u>Lewis Station Missouri</u> | |
| 13. FATHER'S NAME <u>Jack Thompson</u> | | 14. MOTHER'S MAIDEN NAME <u>Jennie Newbell</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> | | 16. SOCIAL SECURITY NO. <u>—</u> | | 17. INFORMANT <u>Art Thompson</u> |
| (If yes, give war or dates of service) | | Address <u>Clinton Mo.</u> | | |

| | | | |
|---|--|--|--|
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY: | | | <u>Immediate</u> |
| IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u> | | | <u>6 mos</u> |
| DUE TO (b) <u>Hypertension</u> | | | <u>6 mos</u> |
| DUE TO (c) <u>Arteriosclerosis</u> | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| | | | <u>4 20 1</u> |

| | | | | |
|--|----------------------------------|-----------------------------------|--|--|
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) | |
| 20c. TIME OF INJURY | | | | |
| Hour <u>8:30</u> a. m. <u>1</u> p. m. | | | | |

| | | | | | |
|---|--|---|------------------------------|---------------------------------|-------|
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> | NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | COUNTY | STATE |
| 21. I attended the deceased from <u>June 20, 1957</u> , to <u>July 16, 1957</u> and last saw <u>him</u> alive on <u>July 12, 1957</u> | | Death occurred at <u>8:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>R. E. Harbaugh D.O.</u> | | 22b. ADDRESS <u>Clinton, Mo.</u> | | 22c. DATE SIGNED <u>7-18-57</u> | |

| | | | | |
|---|--------------------------|---|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>7/20/57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Englewood</u> | 23d. LOCATION (City, town, or county) <u>Clinton</u> | (State) <u>Mo.</u> |
| 24. FUNERAL DIRECTOR <u>SCHABERG FUNERAL HOME</u> | | ADDRESS <u>Clinton Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>7-20-57</u> | 26. REGISTRAR'S SIGNATURE <u>Melinda Bigum</u> |

PH. 454 (Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related.

JUL 31 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed F. L. Schaberg

Licensed Embalmer No. 4

P. O. Address Clinton

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