

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010982

STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 274

Primary Registration District No. 5936

Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sedalia</u> <u>Smithton</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Sedalia R.F.D. #2</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Michael's</u>			Length of stay in <u>36 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1/2 mi. So. East</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Thomas Edward Thompson</u>						4. DATE OF DEATH Month Day Year <u>March 15 1958</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>April 19 1922</u>		
9. AGE (In years last birthday) <u>36</u>		IF UNDER 1 YEAR Months Days <u>10 26</u>		IF UNDER 24 HRS. Hours Min. <u>4 4</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet maker</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>No Pac.</u>		11. BIRTHPLACE (City and state or country) <u>New Castle on Tyne England</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thos. Robt. Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>unknown Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and branch) <u>yes would want Canada</u>			16. SOCIAL SECURITY NO. <u>702-10-1806</u>		17. INFORMANT Address <u>Mrs. Elizabeth Thompson R.F.D. #2</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Embolism. Only a few minutes.</u> DUE TO (b) <u>Cardio Vascular Disease- Hypertension</u> DUE TO (c) <u>Infiltrative Process of Left Lower Lung</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>with Left Pleural effusion.</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 years.</u> <u>Over 4 mos. 4201</u>		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>								
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Please see the other side.</u>					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT <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>Over 6 mos.</u> to <u>March 16th</u> and last saw her alive on <u>March 8th, 1958.</u> Death occurred at <u>12.15 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Jno. B. Carlisle, M.D.</u>				22b. ADDRESS <u>Jno. B. Carlisle, Sedalia, Missouri.</u>		22c. DATE SIGNED <u>3-17-58.</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-19-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		23d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		
24. FUNERAL DIRECTOR <u>McLaughlin Bros. Sedalia</u>			25. DATE RECD. BY LOCAL REG. <u>3-17-1958</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

In January 1958 this man was sent to the Missouri Pacific Hospital, St. Louis, Missouri with left pleural effusion. Diagnosis could not be made. On January 31st, 1958 a letter from the above hospital from Dr. A.M. Boyd states that "the patient was admitted with an infiltrative process in the left lower lung. Fluid was obtained twice from the chest but all tests for acid fast bacilli were negative, sputum, gastric, and bronchial washings. Guinea pig was injected and was negative. Pleural fluid was sterile and smears showed no acid fast bacilli."

This man was dead when I saw him. My belief is that he died of a cardiac condition.

Jno. B. Carlisle M.D.
MA Jno. B. Carlisle, M.D.
Sedalia, Missouri,
March 17th, 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 *K.P.M. Leary*

Licensed Embalmer No. *3153*

P. O. Address *Sedalia*

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.