

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000358

STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY De Kalb	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Osborn <i>1320 C</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital		d. STREET ADDRESS R#1 (If outside, give location)	
Length of stay in lb 1 day		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Earl Middle Glenwood Last Thompson			4. DATE OF DEATH Month January Day 2 Year 1959.		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1895	9. AGE (In years and months) 63	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		11. BIRTHPLACE (City and state or country) DeKalb County, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Johnathan Thompson		13b. MOTHER'S MAIDEN NAME Margaret Beatty		14. NAME OF HUSBAND OR WIFE Lola B. Thompson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes WW#1.		16. SOCIAL SECURITY NO. 498-40-5702		17. INFORMANT Mrs. Lola B. Thompson Address R#1 Osborn, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Penetrating wound (Gunshot) of Brain		INTERVAL BETWEEN ONSET AND DEATH 20 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976x		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted bullet wound	
20c. TIME OF INJURY Hour Abt. noon a.m. p.m. Month 1 Day 1 Year 59			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Osborn		COUNTY De Kalb		STATE Mo.	
21. I attended the deceased from 1-1-59 to 1-2-59 and last saw him alive on 1-2-59 . Death occurred at 10 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									

22. SIGNATURE (Degree or title) John R. McDaniel M.D.			22b. ADDRESS 902 Edmund St. St. Joseph			22c. DATE SIGNED 1-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Jan. 2, 1959.		23c. NAME OF CEMETERY OR CREMATORY Ridgeville Cemetery		23d. LOCATION (City, town, or county) (State) DeKalb County, Missouri.			

24. FUNERAL DIRECTOR Meierhoffer Fellowship, Inc. ADDRESS St. Joseph, Mo.			25. DATE RECD. BY LOCAL REG. Jan 6, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell				
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MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.
Dr. John R. McDaniel

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-57

REC JAN 12 1959

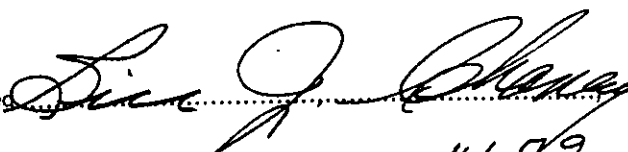
AUG 24 1959

JAN 12 1959

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 
Licensed Embalmer No. 4679
P. O. Address St. Joseph, Mo.

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.