

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006681
STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 282 Primary Registration District No. Registrar's No. 27

300
1-57

1. PLACE OF DEATH a. COUNTY <i>Polk</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Polk</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Rural - marion</i>		c. CITY OR TOWN <i>Rural - marion</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Dial in the Home</i>		d. STREET ADDRESS (If outside, give location)	
Length of stay in lb <i>59 yr.</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Julius</i> Middle <i>Cleveland</i> Last <i>Thomson</i>			4. DATE OF DEATH Month <i>Feb.</i> Day <i>21</i> Year <i>1959</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 23 - 1884</i>
9. AGE (In years Last birthday) <i>74</i>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ret.</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>farmer</i>	11. BIRTHPLACE (City and state or country) <i>Illinois</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John Thomson</i>	
13b. MOTHER'S MAIDEN NAME <i>Gemina Ferguson</i>		14. NAME OF HUSBAND OR WIFE <i>Never married</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>NR</i>	17. INFORMANT <i>Lewis Thomson - Bolivar, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>acute heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 wk.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chronic myocarditis</i>			<i>1 yr.</i>
DUE TO (c)			
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"/>
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.) <i>42.22</i>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <i>11-26/57</i> and last saw her alive on <i>Feb 15 1959</i> Death occurred at <i>11:20 P.M.</i> on the date stated above and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Douglas C McCraw</i>		22b. ADDRESS <i>Bolivar Mo</i>	
22c. DATE SIGNED <i>2/23/59</i>			
23a. BURIAL, CREMATION REMOVAL (Specify)	23b. DATE <i>Feb. 24-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olive</i>	23d. LOCATION (City, town, or county) (State) <i>Polk Co. Mo</i>
24. FUNERAL DIRECTOR <i>Pitts Funeral Home - Bolivar Mo</i>		25. DATE RECD. BY LOCAL REG. <i>Feb. 25, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Ralph Gordon per Jewell Gordon</i>

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.

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 *Sidney J. Pitts*

Licensed Embalmer No. *4939*

P. O. Address *Bolton, Md.*

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.