Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016653
STATE FILE NUMBER

FILED MAY 28 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Audrain
b. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 1307 N. Jefferson — Length of stay in 1b 20yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Audrain
c. CITY OR TOWN Mexico — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1307 N. Jefferson — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Clem Middle: A. Last: Thompson
4. DATE OF DEATH Month Day Year: May 18,1959
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: April 14,1895
9. AGE (In years last birthday): 64 — 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): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Fire Brick
11. BIRTHPLACE (City and state or country): Montgomery Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: William Thompson
13b. MOTHER'S MAIDEN NAME: May Anderson
14. NAME OF HUSBAND OR WIFE: Beulah Thompson
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.: 496-14-1561
17. INFORMANT: Mrs. Beulah Thompson, Address: Mexico, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) atherosclerosis — 10 years.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4261
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 never, to _____ and last saw her/him alive on never
Death occurred at 2 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE William O. Jaeger (Degree or title) D.
22b. ADDRESS 112 N. Clark Mexico Mo.
22c. DATE SIGNED 5/18/59

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE May 20 1959
23c. NAME OF CEMETERY OR CREMATORY Lamaine Cemetery
23d. LOCATION (City, town, or county) (State) Lamaine, Mo.

24. FUNERAL DIRECTOR ADDRESS Boller-Wood, Boonville, Missouri
25. DATE RECD. BY LOCAL REG. May 20-1959
26. REGISTRAR'S SIGNATURE Blanche Neely

(Licensed Embalmer's Statement on Reverse Side)

All diseases of PAT. M. caused by Goiter, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 28 1959

OCT 18 1961

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 Thomas M. Emmons Jr.

Licensed Embalmer No. 5064

P. O. Address Mexico, 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.