

DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024938

FILED VS AUG 10 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 92

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Waukegan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>West Plains</u>		Length of stay in 1b <u>1 wk</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Chesterfield</u>	
3. NAME OF DECEASED (Type or print) First <u>Gene</u> Middle <u>Thompson</u> Last <u></u>		4. DATE OF DEATH Month <u>7</u> Day <u>29</u> Year <u>1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>6-8-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Swing</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and state or country) <u>Ozark Co. Mo</u>
13a. FATHER'S NAME <u>Geo H Genter</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ferguson</u>	
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. <u>400</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>MYOCARDIAL INFARCTION</u> DUE TO (b) <u>ARTERIOSCLEROTIC HEART DIS</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		14. NAME OF HUSBAND OR WIFE <u>V.D. Thompson</u> INTERVAL BETWEEN ONSET AND DEATH <u>MINUTES</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ARTERIOSCLEROSIS, GENERALIZED</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)	
20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>	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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12-17-58</u> to <u>7-29-59</u> and last saw her alive on <u>7-29-59</u> Death occurred at <u>3:50 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deputy or Title) <u>Frank N. Wiles, M.D.</u>		22b. ADDRESS <u>West Plains, Mo</u>	
22c. DATE SIGNED <u>8-4-59</u>			
23a. HOSPITAL CREATION, REMOVAL (Specify)	23b. DATE <u>7-31-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Shuler</u>	
23d. LOCATION (City, town, or county) (State) <u>Dora, Mo</u>			
24. FUNERAL DIRECTOR <u>Kabertons West Plains Mo</u>		25. DATE RECD. BY LOCAL REG. <u>8-7-59</u>	
26. REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Aug 18 1958

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

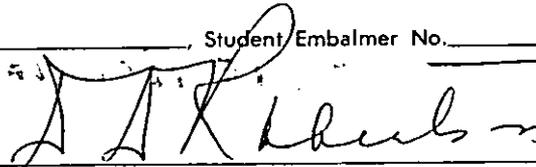
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 343

P. O. Address West

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