

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035315

FILED VS NOV 2 1959 042

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 1000 Registrar's No. 1086

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 6 wks.		c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Mo. Methodist Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 2811 South 36th St.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) John R. Thompson Jr.				4. DATE OF DEATH Month October Day 24 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 Apr. 14, 1914		9. AGE (last birthday) 45		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Construction Co.		11. BIRTHPLACE (City and state or country) Leon, Iowa		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME John R. Thompson Sr.				13b. MOTHER'S MAIDEN NAME Fern Talbott				14. NAME OF HUSBAND OR WIFE Beulah S. Thompson					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 491-10-0265		17. INFORMANT Address Mrs. Beulah S. Thompson, St. Joseph, 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) Traumatic Shock & Hemopericardium										INTERVAL BETWEEN ONSET AND DEATH At once			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Rupture Left Atrium & Rupture of Liver										At once			
DUE TO (c) Auto Accident													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) After turning corner, struck stone fence, a car and a steel light pole.									
20c. TIME OF INJURY Hour 4:40 p.m. Month, Day, Year Oct. 24, 1959		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.) Street between 10th & 11th at Frederick Ave.,		20f. CITY, TOWN, OR LOCATION St. Joseph,		COUNTY Buchanan, Missouri		STATE			
21. I certify the deceased was born Oct. 24, 1914 and last saw him on Oct. 24, 1959				Death occurred at 4:40 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE S.E. Melune (Degree or title) Coroner				22b. ADDRESS 214 Kirkpatrick Eldg., St. Joseph, Missouri				22c. DATE SIGNED 10/25/59					
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE Oct. 27, 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		23d. LOCATION (City, town, or county) St. Joseph, Missouri		(State)					
24. FUNERAL DIRECTOR Mrs. Clark Goodell ADDRESS St. Joseph, Mo.				25. DATE RECD. BY LOCAL REG. Oct. 28, 1959		26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell							

DOCUMENT

BY AFFIDAVIT OF S. E. MELUNEY, M.D. MEDICAL CERTIFICATION

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STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Eric J. Chung*

Licensed Embalmer No. 4679

P. O. Address *St. Joseph*

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.