

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-016059

FILED VS APR 18 1960

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 109

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY LINN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY LINN									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MARCELINE		Length of stay in 1b		c. CITY OR TOWN MARCELINE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 319 W. LAKE			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 319 W. LAKE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last ANNA BELLE THOMPSON				4. DATE OF DEATH Month Day Year MAR. 21 1960									
5. SEX FEMALE		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 AUG 29 1881		9. AGE (last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min. 6 22		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE				10b. KIND OF BUSINESS OR INDUSTRY HOME		11. BIRTHPLACE (City and state or country) MIKE, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME JOHN W. HICKS				13b. MOTHER'S MAIDEN NAME MATTIE HUGHES				14. NAME OF HUSBAND OR WIFE WAYNE 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. NONE		17. INFORMANT Address WAYNE THOMPSON							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH 15 seconds			
IMMEDIATE CAUSE (a) Preliminary Embolism													
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic embolic stroke with MI.													
DUE TO (c) Hypertension and cardiac decompensation													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) cerebrovascular accident with Rt. hemiplegia 2) Pneumonia 3) thrombocytopenia										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 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 Month, Day, Year a.m. p.m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 1956 to Nov 21 1960 and last saw her alive on Nov 21, 1960 Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Marceline Wisniewski</i>				(Degree or title)		22b. ADDRESS Marceline Wisniewski				22c. DATE SIGNED 3-27-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-25-60		23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cem		23d. LOCATION (City, town, or county) MARCELINE, Mo.		(State)					
24. FUNERAL DIRECTOR MILLER Tillotson				ADDRESS MARCELINE		25. DATE RECD. BY LOCAL REG. 3-23-60		26. REGISTRAR'S SIGNATURE Brookie Owens					

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS APR 1 1960

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 Silburn K. Filler

Licensed Embalmer No. 4508

P. O. Address Marcelin

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