

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-026170

FILED VS. AUG 1 1960

55 Primary Registration District No. 3011 Registrar's No. 71

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <i>Carroll</i>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Daviess</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Carrollton</i>		Length of stay in 1b <i>3 mo.</i>	c. CITY OR TOWN <i>Aldamont</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Concannon Rest Home</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>William</i> Middle <i>JEFFERSON</i> Last <i>Thompson</i>			4. DATE OF DEATH Month <i>July</i> Day <i>20</i> Year <i>1960</i>		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W.</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>2-28-1976</i>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <i>84</i> Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>De Calhoun County Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>Samuel Thompson</i>		13b. MOTHER'S MAIDEN NAME <i>Lucinda Robert's</i>		14. NAME OF HUSBAND OR WIFE <i>Erma Beckwith Thompson</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>none</i>	17. INFORMANT <i>Earl Thompson</i> Address <i>Carrollton Mo</i>		

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
IMMEDIATE CAUSE (a) <i>Old Age and</i>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Generalized Arteriosclerosis</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)		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 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 *12-26-59* to *20 July 1960* and last saw ^{her}him alive on *18 July 1960*
Death occurred at *7:30 P.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Frank L. Dinger MD</i>	22b. ADDRESS <i>Carrollton, Mo.</i>	22c. DATE SIGNED <i>7-22-60</i>
---	--	------------------------------------

23a. BURIAL, CREMATION, RE interment (Specify) <i>Removal</i>	23b. DATE <i>July 20, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Wenston Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Wenston Mo</i>
24. FUNERAL DIRECTOR <i>Maubau Francis Lou Carrollton</i>		25. DATE RECD. BY LOCAL REG. <i>7-20-60</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Verbera Carter</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 R. M. Marshall Jr

Licensed Embalmer No. 446

P. O. Address Carroll

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.