

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029396

REGISTRATION DISTRICT NO. 356 Primary Registration District No. 6207 Registrar's No. 60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lynchburg</u>		Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Lynchburg</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>✓</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>14 Mi SW of Lynchburg</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>William Washington Thompson</u>			4. DATE OF DEATH Month Day Year <u>April 17, 1960</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>3-25-1880</u>	9. AGE (last birthday) # UNDER 4 YEAR IF UNDER 24 HR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (City and state or country) <u>Callaway Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Wm B. Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Katherine Wells</u>	13c. NAME OF HUSBAND OR WIFE <u>Wm. Decker Thompson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT Address <u>Mary Bates Lynchburg Mo.</u>	

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) <u>Cardiac + pulmonary arrest</u>		<u>Not definite</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>cachexia + debilitation.</u>	
	DUE TO (c) <u>Carcinoma of the colon with obstruction.</u>	
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 <u>Jan 1960</u> to <u>April 17, 1960</u> and last saw him alive on <u>April 17, 1960</u> . Death occurred at <u>10:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Name or title) <u>B. J. Myers DO.</u>		22b. ADDRESS <u>Lynchburg, Mo.</u>	22c. DATE SIGNED <u>4-23-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-20-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Elk Springs Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Texas Co MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>Smith & Ferguson Lynchburg</u>		25. DATE RECD. BY LOCAL REG. <u>8-1-60</u>	26. REGISTRAR'S SIGNATURE <u>Myrtle Craig M.S.</u>

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

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 _____

Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address _____
Richmond

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.