MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-014463

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 152

FILED APR 23 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0168
2 1000
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 1week
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Cape Osteo. Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Scott
c. CITY OR TOWN: Chaffee — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R. F.D. #1- 2 mi. E. of town — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Maude Middle: Josephine Last: Thompson
4. DATE OF DEATH: Month: March Day: 19 Year: 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 12/22/1888
9. AGE (last birthday): 73
IF UNDER 1 YEAR: Months 2 Days 27 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (City and state or country): unknown
12. CITIZEN OF WHAT COUNTRY: U.S. A.
13a. FATHER'S NAME: Unknown
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: William H. Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): nO (If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Mrs. Nelson Marshall- Address: Rt. 1, Chaffee, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 30 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Post surgical shock — 30 hours
DUE TO (c): Fractured right hip — 5 days
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 12, 1962 March 19, 1962 and last saw her alive on March 19, 1962
Death occurred at 5:00 a.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE (Degree or title): Henry J. Rzonca D.O. — Henry J. Rzonca, D.O.
22b. ADDRESS: 213 South Sprigg St., Cape Girardeau, Mo.
22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 3/21/62
23c. NAME OF CEMETERY OR CREMATORY: Union Park Cemetery
23d. LOCATION (City, town, or county) (State): Chaffee Missouri
24. FUNERAL DIRECTOR ADDRESS: Bisplinghoff Fun. Home-- Chaffee, Mo.
25. DATE REC'D. BY LOCAL REG.: 4-17-1962
26. REGISTRAR'S SIGNATURE: Irma Karsten

(Licensed Embalmer's Statement on Reverse Side)

MAY 10 1962
MAY 15 1962
MAY 4 1962

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, Mo.

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.