

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018417

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 3015 Registrar's No. 46

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 22 1962

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAMERON</u>		c. CITY OR TOWN <u>CAMERON</u>	
Length of stay in 1b <u>15 yr.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON Community Hospt.</u>		d. STREET ADDRESS (If outside, give location) <u>1121 W 4<sup>th</sup> St.</u>	
3. NAME OF DECEASED (Type or print) First <u>Wilbur</u> Middle <u>ANSON</u> Last <u>THOMPSON</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>12</u> Year <u>62.</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-26-1910</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gen farming OSBORN.</u>	11. BIRTHPLACE (City and state or country) <u>MO</u>
13a. FATHER'S NAME <u>ARTHUR R THOMPSON.</u>		13b. MOTHER'S MAIDEN NAME <u>Galdie GREENE</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>500-14-9325.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		17. INFORMANT <u>JAMES L Thompson</u> Address <u>Cameron Mo</u>	
IMMEDIATE CAUSE (a) <u>Chronic Bilateral glomerulonephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 yrs.</u>	
DUE TO (b) <u>Chronic Myocardial Degeneration</u>		<u>10 yrs.</u>	
DUE TO (c) <u>Bronchial Asthma</u>		<u>15 yrs.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)		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 <u>6:00</u> a.m. p.m. Month, Day, Year <u>May 12 1962</u>		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 1950</u> to <u>May 12 1962</u> and last saw him alive on <u>May 11 1962</u> . Death occurred at <u>6:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title)		22b. ADDRESS <u>Cameron Mo.</u>	
22c. DATE SIGNED <u>5-14-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL.</u>	23b. DATE <u>5-15-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Ridgeville Cemetery</u>	23d. LOCATION (City, town, or county) <u>Amity Mo.</u>
24. FUNERAL DIRECTOR <u>Palmer Funeral Home Cameron Mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>5-14-62</u>	26. REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert F Poland

Licensed Embalmer No. 4777  
222 West 3rd St  
P. O. Address Camden 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.