

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022702

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1019

DO NOT WRITE ON THIS STUB

AMENDED

**FILED JUL 9 1962**

1. PLACE OF DEATH  
 a. COUNTY **GREENE**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE \_\_\_\_\_ b. COUNTY **GREENE**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **SPRINGFIELD** Length of stay in 1b \_\_\_\_\_

c. CITY OR TOWN **SPRINGFIELD** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Connelly Nursing Home** Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) **436 S. MAIN** Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
**HATTIE JANE THOMPSON** **June 29, 1962**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Unknown** 9. AGE (last birthday) **78 ?** IF UNDER 1 YEAR Months Days 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 **HOME** 11. BIRTHPLACE (City and state or country) **OHIO** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **WILLIAM GIBBONS** 13b. MOTHER'S MAIDEN NAME **ADDIE ABER** 14. NAME OF HUSBAND OR WIFE **Deceased**

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. **?** 17. INFORMANT **HAZEL DUNCAN (SISTER)** Address **ST. LOUIS, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) **mesenteric thrombosis** INTERVAL BETWEEN ONSET AND DEATH **Immediate**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Generalized arteriosclerosis** **several years**  
 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.  
 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 \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

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 11 Nov 1961 to 6/29/62 and last saw her alive on 27 June 62  
 Death occurred at 6:25 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Samuel E. Holmes MD 22b. ADDRESS **600 S. Glenstone**  
**SPRINGFIELD Missouri** 22c. DATE SIGNED 2 July 62

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **7-2-62** 23c. NAME OF CEMETERY OR CREMATORY **GREENLAWN** 23d. LOCATION (City, town, or county) (State) **SPRINGFIELD, Mo.**

24. FUNERAL DIRECTOR ADDRESS **KLINGNER-MORTUARY, INC. SPRINGFIELD Mo.** 25. DATE RECD. BY LOCAL REG. **7-5-62** 26. REGISTRAR'S SIGNATURE Effie S. Meehan

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59

1 0397  
 2 0397  
 3 2  
 4 1  
 5 2  
 6  
 7 1  
 8 0  
 9 4500  
 10  
 11  
 12 86-0  
 13

jhc

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1962

Permit issued 7-20-62

**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 Glen D Williams

Licensed Embalmer No. 4651

P. O. Address: Springfield 970

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.