MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-030587

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7660

FILED AUG 1 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

DOCUMENT

BY AFFIDAVIT OF

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Iron
c. CITY OR TOWN: Ironton, Mo. — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 403 N. Sheperd — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Russell — Middle — Last Thompson

4. DATE OF DEATH: Month 7 Day 24 Year 63

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-24-04
9. AGE (last birthday): 58 — 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): Mail Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Belleview, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: (Thompson, Charles)
13b. MOTHER'S MAIDEN NAME: (Shelton, Kathyrn)
14. NAME OF HUSBAND OR WIFE: Golda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates c[illegible]): nil.
16. SOCIAL SECURITY NO.: [illegible]7
17. INFORMANT: Golda Thompson, 403 N. Sheperd, Ironton, 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): Congestive Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Constrictive subacute Pericarditis — 7 mos
DUE TO (c): 434.B
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 Mar 3 '63, to July 24/63 and last saw her/him alive on July 23 1963
Death occurred at 2 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R A Kinsella M D
22b. ADDRESS: 3720 Washington
22c. DATE SIGNED: JUL 25 1963

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7-27-63
23c. NAME OF CEMETERY OR CREMATORY: Memorial Pk. Cemetery
23d. LOCATION (City, town, or county) (State): Ironton, Mo.

24. FUNERAL DIRECTOR — ADDRESS: White Funeral Home, Ironton, Mo.
25. DATE RECD. BY LOCAL REG.: JUL 25 1963
26. REGISTRAR'S SIGNATURE: Carl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

AUG 7 1963

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 Elton H. Pennelius

Licensed Embalmer No. 4283

P. O. Address St. Louis 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.