

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042801

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 88

FILED DEC 10 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10050
20050

3
4 0
5 1
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7 1
8 2
9 1909
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11
12 90-2
13 10

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

1-7-64
1-7-64
married Beverly Newell Thompson
unknown

DOCUMENT

BY AFFIDAVIT OF informant

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY BARRY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CASSVILLE		Length of stay in '1b 1 mo.	c. CITY OR TOWN CASSVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1203 MAIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1203 MAIN
3. NAME OF DECEASED (Type or print) First ALBERT Middle KENNETH Last THOMPSON		4. DATE OF DEATH Month Dec. Day 7 Year 1963	
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> unknown	8. DATE OF BIRTH 9/12/25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction		10b. KIND OF BUSINESS OR INDUSTRY poole	9. AGE (last birthday) 38
13a. FATHER'S NAME Elmer Thompson		14. NAME OF HUSBAND OR WIFE Beverly Newell Thompson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW #2		16. SOCIAL SECURITY NO. [redacted]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Metastasis of Malignant Melanoma		17. INFORMANT Beverly Thompson, Cassville, Mo.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		11. BIRTHPLACE (City and state or country) Hardy, Ark.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____		12. CITIZEN OF WHAT COUNTRY USA	
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		INTERVAL BETWEEN ONSET AND DEATH 1 week.	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
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 Sept 11, 1963 to December 7, 1963 and last saw him alive on Dec 7, 1963			
Death occurred at 12:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Grace E. Williamson, DO</i> (Degree or title)		22b. ADDRESS Cassville, Mo.	
22c. DATE SIGNED 12-9-63			
23b. BURIAL, CREMATION, REMOVAL AT WORK (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Washburn Prairie	
23d. DATE 12/9/63		23e. LOCATION (City, town, or county) Barry Co., Mo.	
24. FUNERAL DIRECTOR D.E. Williamson, Cassville, Mo.		25. DATE RECD. BY LOCAL REG. Dec 9-1963	
		26. REGISTRAR'S SIGNATURE <i>Grace Williams</i>	

USE BLACK INK OR TYPEWRITER RIBBON

DEC 12 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 Doyle E. Williams

Licensed Embalmer No. 4883

P. O. Address Cassville, 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.

Received & Permitted of the State of Mo Dec 9-63
A. W.