

FILED SEP 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29282

State File No. ....

Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <u>75</u>		PRIMARY REG. DIST. NO. <u>3015</u>		State File No. ....		Registrar's No. <u>63</u>					
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, write RURAL and give township) OR TOWN <u>CAMERON</u>			c. LENGTH OF STAY (in this place) <u>13 yrs</u>		c. CITY OR TOWN <u>CAMERON</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>						
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1121 W. 4th St.</u>				e. STREET ADDRESS (If rural, give location) <u>1121 W. 4th St. 025/5</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>ROBINSON</u> c. (Last) <u>Thompson</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 8, 1955</u>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>FEB 17 1887</u>		9. AGE (In years last birthday) <u>68</u>		if UNDER 1 YEAR Months	if UNDER 1 YEAR Days	if UNDER 1 HRS. Hours	if UNDER 1 HRS. Mins.
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>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Osborn - MO</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>				
13. FATHER'S NAME <u>George Thompson</u>			14. MOTHER'S MAIDEN NAME <u>Marah Jane Robinson</u>			15. NAME OF HUSBAND OR WIFE <u>Gordie R Thompson</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Thompson</u>				ADDRESS <u>CAMERON MO</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>---</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause lost. DUE TO (b) <u>Athero sclerotic Heart Disease</u> <u>5 yrs</u>									
				DUE TO (c) <u>Arterio sclerosis General</u> <u>10 yrs.</u>									
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u> <u>5 yrs</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from <u>9-2-</u> 19 <u>51</u> , to <u>9-8-</u> 19 <u>55</u> , that I last saw the deceased alive on <u>9-7-</u> 19 <u>53</u> , and that death occurred at <u>7:05</u> p.m., from the causes and on the date stated above.													
23a. SIGNATURE <u>Carl Omyton</u> (Degree or title) <u>DO</u>				23b. ADDRESS <u>Cameron Mo</u>			23c. DATE SIGNED <u>9/10/55</u>						
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-11-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge View Cemetery DeKalb Co MO</u>		24d. LOCATION (City, town, or county) (State) <u>MO</u>							
DATE REC'D BY LOCAL REG. <u>9-15-55</u>		REGISTRAR'S SIGNATURE <u>Wimfred W. Moser</u> <u>390-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Moss</u> ADDRESS <u>CRUNK CAMERON MO</u>									

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

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 *DeWitt Cameron* .....

Licensed Embalmer No. *253*

P. O. Address *Cameron* .....

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.