

FILED JAN 11 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40573  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 5592 Registrar's No. 81

|   |  |   |  |   |  |   |   |   |  |
|---|--|---|--|---|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>  |  |   |   |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Rural Joachim</u>  |  | c. LENGTH OF STAY (In this place)   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Iron Mountain</u>  |  | 97  |   |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>3</u>   |  |   |  | d. STREET ADDRESS (If rural, give location)<br><u>3</u>   |  |   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Carl</u>  |  |   | b. (Middle) <u>Walter</u>                            |   | c. (Last) <u>Thompson</u>  |   | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>12-17-48</u> |   |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Divorced</u>   |  | 8. DATE OF BIRTH<br><u>12-18-13</u>   |   | 9. AGE (In years) (If under 1 year: Months Days)<br><u>34</u> <u>11</u> <u>29</u>                                 |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>   |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Railroad</u> |   | 11. BIRTHPLACE (State or foreign country)<br><u>Reynolds Co. Mo.</u> |   |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>   |  |
| 13a. FATHER'S NAME<br><u>Daniel E. Thompson</u>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ollie Kay</u>        |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Ida Williams</u>                                  |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  |  | 16. SOCIAL SECURITY NO.<br><u>440-18-3853</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME<br><u>C. L. Thompson</u>  |  |   | ADDRESS<br><u>St Louis Mo</u>                               |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><u>170.06</u>  |  |   |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unavoidable Accident</u><br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>From fractured skull</u><br>DUE TO (c) <u>Being struck by automobile</u> |  |   |   | INTERVAL BETWEEN ONSET AND DEATH  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  |   |  | 19a. DATE OF OPERATION<br><u>21</u>   |  |   |   | 19b. MAJOR FINDINGS OF OPERATION  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION  |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)<br><u>Accident</u>   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>Highway</u>        |  | 21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)<br><u>Revels Jefferson Mo</u>   |  | 21d. TIME OF INJURY<br>(Month) (Day) (Year) (Hour)<br><u>12-17-48 6 P.m.</u>        |   | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  |
| 21d. TIME OF INJURY   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR?<br><u>Struck by car</u>  |  |   |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>By request</u> , 19 <u>48</u> , that I <del>first</del> saw the deceased <del>on</del> <u>on</u> <u>12-18</u> , 19 <u>48</u> , and that death occurred at <u>6 P.m.</u> , from the causes and on the date stated above. |  |   |  |   |  |   |   |   |  |
| 23a. SIGNATURE<br><u>H. B. Edwards M.D. Coroner</u>   |  |   |  | 23b. ADDRESS<br><u>Ordor Hill Mo</u>  |  | 23c. DATE SIGNED<br><u>12/18/48</u>   |   |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>12-22-48</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Iron Mountain Mo</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Iron Mountain Mo</u>            |   |   |  |
| DATE REC'D BY LOCAL REG.<br><u>Dec 30 1948</u>  |  | REGISTRAR'S SIGNATURE<br><u>Clara Bellard</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>"Tinks"</u>  |  | ADDRESS<br><u>Jessie Mo</u>   |   |   |  |

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

MAR 18 1949

MAR 28 1949

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. 245

Signed Ferd B. Langa Jr  
Student Embalmer

Signed Eleanor Province

Licensed Embalmer No. 3403

P. O. Address Jackson 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 this body is not embalmed, fact should be so stated above.