No. 300
10.48

FILED MAR 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8798

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
c. LENGTH OF STAY (In this place): 23 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 215 N. Main St.,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carthage
d. STREET ADDRESS (If rural, give location): 215 N. Main St.,

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Jefferson
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 23, 1878
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 0, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Merchant
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Gravette, Ark.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13a. FATHER'S NAME: Richard Thompson
13b. MOTHER'S MAIDEN NAME: Mary Mathews
14. NAME OF HUSBAND OR WIFE: Kathryn Marie Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 499-24-4549
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Kathryn Thompson — ADDRESS: 215 N. Main St., Carthage, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 7 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) 420

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arterio-sclerotic Hypertension — 20 Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1946, *to* Mar. 16, 1949, *that I last saw the deceased alive on* Mar. 16, 1949, *and that death occurred at* 4:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: M. Foster Whitten (Degree or title) M.D.
23b. ADDRESS: Carthage, Mo.
23c. DATE SIGNED: 3/17/49
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-18-1949
24c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
24d. LOCATION (City, town, or county) (State): Carthage, Missouri
DATE REC'D BY LOCAL REG.: 3-18-49
REGISTRAR'S SIGNATURE: R. B. Clinton M.D. 139
25. FUNERAL DIRECTOR'S SIGNATURE: Ed. C. Ulmer — ADDRESS: Carthage, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

49-3-228

MAR 2 0 1949

VS NOV 9 1950

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. 262 working under my personal supervision.

Signed Donald L. Roberts
Student Embalmer

Signed John S. Dennehy

Licensed Embalmer No. 4194

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.