

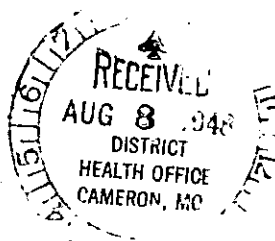
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **22958**  
Registrar's No. **84**

FILED AUG 11 1949

BIRTH NO. _____		REG. DIST. NO. <b>99</b>		PRIMARY REG. DIST. NO. <b>4167</b>		Registrar's No. <b>84</b>	
1. PLACE OF DEATH a. COUNTY <b>DEKALB</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>DEKALB</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>AMITY</b>				c. CITY (If outside corporate limits, write RURAL and give township) <b>AMITY</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <b>ROBERT</b>		a. (First)		b. (Middle)		c. (Last) <b>THOMPSON</b>	
4. DATE OF DEATH <b>JULY 28, 1949</b>		5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>WIDOWED</b>	
8. DATE OF BIRTH <b>DEC. 19 1865</b>		9. AGE (In years last birthday) <b>83</b>		10. UNDER 1 YEAR Months _____		11. UNDER 1 YEAR Days _____	
12. UNDER 1 YEAR Hours _____		13. UNDER 1 YEAR Min. _____		14. BIRTHPLACE (State or foreign country) <b>BRAMPTON ONTARIO CANADA</b>		15. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
16a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		16b. KIND OF BUSINESS OR INDUSTRY _____		17a. FATHER'S NAME <b>JAMES THOMPSON</b>		17b. MOTHER'S MAIDEN NAME <b>JANE BOYD</b>	
18a. FATHER'S NAME <b>JAMES THOMPSON</b>		18b. MOTHER'S MAIDEN NAME <b>JANE BOYD</b>		18c. NAME OF HUSBAND OR WIFE <b>IDA THOMPSON (DECEASED)</b>		19. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	
20. SOCIAL SECURITY NO. _____		21. INFORMANT'S SIGNATURE OR NAME <b>EDGAR THOMPSON</b>		22. ADDRESS <b>AMITY MISSOURI</b>		23. MEDICAL CERTIFICATION	
24. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Cardiac dilatation</b>		25. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		26. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		27. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
28a. DATE OF OPERATION _____		28b. MAJOR FINDINGS OF OPERATION _____		29. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		30. INTERVAL BETWEEN ONSET AND DEATH <b>4343</b>	
31a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>		31b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		31c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		32. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____	
33. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR? _____		35. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		36. SIGNATURE <b>Dr. S. Hale M.D. Corcoran</b> (Degree or title)	
37. ADDRESS <b>OSBORN MISSOURI</b>		38. DATE SIGNED <b>7/20/49</b>		39. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		40. DATE <b>7-27-49</b>	
41. NAME OF CEMETERY OR CREMATORY <b>AMITY CEMETERY</b>		42. LOCATION (City, town, or county) <b>AMITY MISSOURI</b>		43. FUNERAL DIRECTOR'S SIGNATURE <b>PITCHER FUNERAL HOME</b>		44. ADDRESS <b>MAYSVILLE MO</b>	
45. DATE REC'D BY LOCAL REG. <b>7-30-49</b>		46. REGISTRAR'S SIGNATURE <b>James Thompson</b>		47. (Licensed Embalmer's Statement on Reverse Side)			

(Licensed Embalmer's Statement on Reverse Side)

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



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\_\_\_\_\_

Neal R. Dawson

Student Embalmer No. 484

working under my personal supervision.

Student Neal R. Dawson  
Student Embalmer

Signed

C. T. Pilcher

Licensed Embalmer No. 3960

P. O. Address Mayville 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.