

FILED NOV 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39363

State File No. ....

318

1003

9630

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Tennessee</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Jackson</b>		949 40	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri Pacific Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>H.K. 103 O'Neil St.,</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Seward</b>		b. (Middle) <b>Edward</b>		c. (Last) <b>THOMPSON</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 28, 1878</b>	
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>9</b>		IF UNDER 2 HRS. Hours <b></b> Min. <b></b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 7, 1949.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired brakeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>G. M. &amp; O. R. R. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Gadson, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <b>M. J. Thompson</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Simms</b>		14. NAME OF HUSBAND OR WIFE <b>Virginia Bolding</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>718-07-6611</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Virginia A. Thompson, Jackson, Tenn.</b> ADDRESS _____			
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) <b>Cardiac &amp; Respiratory Failure</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Vascular Accident</b> DUE TO (c) <b>A.S. Vascular Disease</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic bronchopneumonia Pyrexia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b> <b>13 days</b> <b>4 yrs.</b> <b>2 wks? 3 days</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <b>Tenn.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4221</b>			
22. I hereby certify that I attended the deceased from <b>5 Nov</b> , 19 <b>49</b> , to <b>7 Nov</b> , 19 <b>49</b> , that I last saw the deceased alive on <b>7 Nov</b> , 19 <b>49</b> , and that death occurred at <b>9:40 P.</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John Johnston M.D.</b> (Degree or title)				23b. ADDRESS <b>1755 S. Grand Blvd.</b>		23c. DATE SIGNED <b>11/8/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>11/8/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Hollywood Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>Jackson, Tenn.</b>	
DATE REC'D. BY LOCAL <b>Nov 8 1949</b>		REGISTRAR'S SIGNATURE <b>John B. Senter</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Taylor</b>		ADDRESS <b>6633 Clayton Rd.</b>	

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

DEC 5 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Ernest W. Spillers*

Licensed Embalmer No. 4080

P. O. Address \_\_\_\_\_

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.