

FILED APR 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12767

No. 300
10.48
450

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5549 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give name of town) Fayette Rural Richmond		c. LENGTH OF STAY in this place 82 yrs	
c. CITY (If outside corporate limits, write RURAL and give township) Rural Richmond		d. STREET ADDRESS (If rural, give location) R. R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION R. R. #1			

3. NAME OF DECEASED (Type or Print)	a. (First) John	b. (Middle) Victor	c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) Mar. 20 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 23, 1867	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 2 Days 27	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Howard Co. Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Walter Thompson	13b. MOTHER'S MAIDEN NAME Elizabeth Anderson	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME James Thompson	ADDRESS Fayette, Mo
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Immediate
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chr. myocarditis		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3-20**, 19**50** to **3-20**, 19**50**, that I last saw the deceased alive on **3-20**, 19**50**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D. [Signature]	23b. ADDRESS Fayette, Mo	23c. DATE SIGNED 3-25-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/22/50	24c. NAME OF CEMETERY OR CREMATORY Fayette City Cemetery	24d. LOCATION (City, town, or county) (State) Fayette, Mo
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DATE REC'D BY LOCAL REG. 3-25-50	REGISTRAR'S SIGNATURE Mary K. Shell	436	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Fayette, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

4-15-50

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.

Signed

Joseph A. Carr

Signed

Student Embalmer

Licensed Embalmer No.

3340

P. O. Address

Myrtle 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.