

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40563**

BIRTH NO. _____ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **352**

1. PLACE OF DEATH a. COUNTY Adair			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Adair 0013		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kirksville)		c. LENGTH OF STAY (In this place) 30 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirksville 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Laughlin Hosp.			d. STREET ADDRESS (If rural, give location) Kirksville		

3. NAME OF DECEASED (Type or Print) a. (First) Clair b. (Middle) O. c. (Last) Thompson			4. DATE OF DEATH (Month) (Day) (Year) Dec. 27, 51		
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5. SEX M 0	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 6. 1894	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Florist		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Osborn, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Milton Thompson		13b. MOTHER'S MAIDEN NAME Sophia Baker		14. NAME OF HUSBAND OR WIFE Mrs. C.C. Thompson			
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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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. C.C. Thompson Kirksville, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial insufficiency DUE TO (c) Hypertensive cardiac vascular disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 1 wk. ?	
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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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 443K	
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22. I hereby certify that I attended the deceased from **12/26** ¹⁹⁵¹ to **12/27**, 1951, that I last saw the deceased alive on **12/27**, 1951, and that death occurred at **8:45 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. D. McClure DO 2		23b. ADDRESS Kirksville, Mo		23c. DATE SIGNED 12/28/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 29, 51		24c. NAME OF CEMETERY OR CREMATORY Maple Hill		24d. LOCATION (City, town, or county) (State) Kirksville, Mo	
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DATE REC'D BY LOCAL REG. 12-21-51		REGISTRAR'S SIGNATURE Walter Lambert		25. EMBALMER'S SIGNATURE Christine Honeywell		ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

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

MAY 24 1954

FEB 8 1954

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.

Signed

Donald L. Roberts

Signed.....

Student Embalmer

Licensed Embalmer No. *4727*

P. O. Address *Ferksville 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.