

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9187**

S. No. 300
EV. 10.48

FILED MAR 23 1952

BIRTH MO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4339** Registrar's No. **12**

3690
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN PARIS		c. LENGTH OF STAY (in this place) 6 YRS.	
d. FULL NAME OF HOSPITAL OR INSTITUTION HOWELL REST HOME		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL—MARION TWP. A	
		d. STREET ADDRESS (If rural, give location) R.F.D. HOLLIDAY, MO.	
3. NAME OF DECEASED (Type or Print) a. (First) RICHARD b. (Middle) HENRY c. (Last) THOMSON			4. DATE OF DEATH (Month) (Day) (Year) MAR. 17, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG 5, 1861
9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 7 Days 12	IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME RICHARD H. THOMSON		13b. MOTHER'S MAIDEN NAME PHEOBE A. GOODWIN	14. NAME OF HUSBAND OR WIFE ALBERTA THOMSON
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. ✓	17. INFORMANT'S SIGNATURE OR NAME ADDRESS EARL THOMSON, HOLLIDAY, 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) Cerebral embolism ANTECEDENT CAUSES Arterio-sclerosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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?
22. I hereby certify that I attended the deceased from 3-14 , 19 52 , to 3-17 , 19 52 , that I last saw the deceased alive on 3-17 , 19 52 , and that death occurred at 2:15 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Earl M. Rippler, M.D.		23b. ADDRESS PARIS, MISSOURI	23c. DATE SIGNED 3-18-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL (1)	24b. DATE 3-19-52	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. CEMETERY	24d. LOCATION (City, town, or county) (State) SHELBYNA, MISSOURI
DATE REC'D BY LOCAL REG. 3-18-52	REGISTRAR'S SIGNATURE J. A. Barnett, M.D.	4339	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Speed-Blakey, PARIS, MISSOURI

APR 4 1938

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..... *E. H. Agnew*

Licensed Embalmer No. 4000

P. O. Address..... PARIS, MISSOURI

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.