

SEP 29 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31207

State File No.

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 117

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Senath, 0350</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Dunklin Co. Memorial Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>Rt. 2 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Nicklis</u> c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 3 52</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 1 1896</u>
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>James Billy Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Brandon</u>	14. NAME OF HUSBAND OR WIFE <u>Buelah Thompson</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-01-7095</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Grace Thompson</u> ADDRESS <u>Senath, MO.</u>
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) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid 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. <u>Subtotal gastrectomy for duodenal ulcer</u>	
19a. DATE OF OPERATION <u>7-25-52</u> <u>8-6-52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Duodenal ulcer - Subtotal gastrectomy</u>	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)		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 <u>21st</u> , 19 <u>52</u> to <u>Sept 3</u> , 19 <u>52</u> ; that I last saw the deceased alive on <u>Sept 2</u> , 19 <u>52</u> , and that death occurred at <u>3:10 A m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul C. Miller M.D.</u> (Degree or title)		23b. ADDRESS <u>Kennett, Missouri</u>	23c. DATE SIGNED <u>9-17-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 7, 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mitchell Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Greenway Arkansas</u>
DATE REC'D BY LOCAL REG. <u>9-18-1952</u>	REGISTRAR'S SIGNATURE <u>Carl H. Baird</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Hawaii Funeral Home</u> ADDRESS <u>Senath, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

352

REAR 17 1955

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 9-19-52
COUNTY FILE NUMBER 952-258

OCT 7 1955

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 *Edwin L. Larmor*

Licensed Embalmer No. *75840*

P. O. Address *Senath, 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.