

FILED MAR 30 1953

STANDARD CERTIFICATE OF DEATH

State File No. 10671

BIRTH NO. _____ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 5785 Registrar's No. 26

0670
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>2 Miles W. Charleston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Benton</u> <u>1000</u>	
c. LENGTH OF STAY (In this place) <u>Enroute</u>		d. STREET ADDRESS (If rural, give location) <u>Benton, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute To Charleston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31, 1953</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u>	b. (Middle) <u>Benjamin</u>	c. (Last) <u>Thompson</u>	5. SEX <u>Male</u>
6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>April, 27, 1884</u>	9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Mississippi County, Mo.</u>	
13a. FATHER'S NAME <u>William Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Mary 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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Earsel Thompson, Benton, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u>		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis & Myocardial Infarction</u> DUE TO (c) <u>Arteriosclerosis</u>	
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 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) <u>4201</u>	
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 <u>Jan. 28, 1953</u> , to <u>Jan. 31, 1953</u> , that I last saw the deceased alive on <u>Jan. 31, 1953</u> , and that death occurred at <u>12:45P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. P. Brogan, D.O.</u> (Degree or title)		23b. ADDRESS <u>Benton, Mo.</u>	23c. DATE SIGNED <u>Feb. 4, 1953</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2/2/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3-24-53</u>	REGISTRAR'S SIGNATURE <u>Gene Hancher</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene Hancher</u> ADDRESS <u>The Admire Funeral Chapel, Charleston, Mo.</u>	

MAR 26 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. _____

Date Filed 3 27 1953

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 *John F. Munnell*
Licensed Embalmer No. 3851

P. O. Address Charleston, 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.