

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13904

State File No. ....

FILED MAY 11 1953  
BIRTH NO. 22717 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 449

3960

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

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		c. LENGTH OF STAY (in this place)	
c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		d. STREET ADDRESS (If rural, give location) <b>726 Pershing</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>HAROLD</b>			a. (First)			b. (Middle)			c. (Last) <b>Thompson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 5 1953</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>		8. DATE OF BIRTH <b>May 5 1953</b>			9. AGE (in years last birthday)		10. UNDER 1 YEAR		11. UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INFANT</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>INFANT</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield Mo.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>			

13a. FATHER'S NAME <b>Clarence Thompson</b>				13b. MOTHER'S MAIDEN NAME <b>Quendalyn MAE Tooley</b>				14. NAME OF HUSBAND OR WIFE <b>726 Pershing</b>			
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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) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Quendalyn MAE Tooley</b>						ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH <b>6 1/2 hours</b>	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature birth</b>									
		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.									

19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <b>774X</b>				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)					
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 5-5-1953, to 5-5-1953, that I last saw the deceased alive on 5-5-1953, and that death occurred at 10:30 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>David D. Thompson</b>				(Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1630 Jefferson</b>				23c. DATE SIGNED <b>5-5-53</b>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY, 6, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SARGENT CEMETERY</b>				24d. LOCATION (City, town, or county) (State) <b>WILLOW SPRINGS, MISSOURI</b>			
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DATE REC'D BY LOCAL REG. <b>5/7/53</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>				Deputy Registrar				25. FUNERAL DIRECTOR'S SIGNATURE <b>H. H. LOHMEYER</b>				ADDRESS <b>SPRINGFIELD, MO</b>			
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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.

THIS BODY WAS NOT EMBALMED

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.