

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42421**

FILED DEC 24 1953

BIRTH NO.		REG. DIST. NO. 77	PRIMARY REG. DIST. NO. 5303	Registrar's No. 360
1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Cole
b. CITY (If outside corporate limits, write RURAL and give township) Jefferson City		c. CITY OR TOWN Jefferson City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 2 yrs.		e. STREET ADDRESS (If rural, give location) 308 Montana		
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 mile - s.w. Sunco Lake		0264		
3. NAME OF DECEASED (Type or Print) a. (First) Milo		b. (Middle) Thompson		c. (Last) Thompson
4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 - 1953				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25 - 1926	9. AGE (In years last birthday) 27
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance Mo Highway Dept.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Jefferson City, Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard Thompson		13b. MOTHER'S MAIDEN NAME Agnes (unknown)		14. NAME OF HUSBAND OR WIFE Kathene Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes World II		16. SOCIAL SECURITY NO. 487-22-2979		17. INFORMANT'S SIGNATURE OR NAME Mrs. Kathene Thompson ADDRESS J.C. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed & bent ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) and Broken Neck E8234 32 DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Humerus Soft		INTERVAL BETWEEN ONSET AND 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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cole Missouri 0268		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Dec 20 - 1953 8:30 a.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Ran off Road		
22. I hereby certify that I attended the deceased from his brother about 1:30 P.M., 1953 , that I last saw the deceased alive on 19 , 19 53 , and that death occurred at his home m., from the causes and on the date stated above.				
23a. SIGNATURE J. Bruce MD (Degree or title)		23b. ADDRESS Jefferson City Mo		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec 22 1953	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Cole County Mo.	
DATE REC'D BY LOCAL REG. Dec 22 - 1953	REGISTRAR'S SIGNATURE R.P. Harris MD JR	25. FUNERAL DIRECTOR'S SIGNATURE William - [unclear] - J.C. Mo ADDRESS		

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

DEC 9 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.....
Signature of Student Embalmer

Signed.....
J. M. Nelson

Licensed Embalmer No. *3641*

P. O. Address.....
J. M. Nelson

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.