

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43572

State File No.

No. 300
10.48

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 1503

1. PLACE OF DEATH a. COUNTY <u>McDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>ARKANSAS</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u>		c. LENGTH OF STAY (in this place) _____	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springdale</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		e. _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>E. THIGPEN</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-53</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>12-23-1927</u>	9. AGE (in years last birthday) <u>25</u>	10. IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>HOUSTON TEXAS</u>	
11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. _____	

13a. FATHER'S NAME <u>E. V. THIGPEN</u>		13b. MOTHER'S MAIDEN NAME <u>THELMA JONES</u>		14. NAME OF HUSBAND OR WIFE <u>PATSY THIGPEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>W II</u>		16. SOCIAL SECURITY NO. <u>449-46-3314</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>E.V. THIGPEN Springdale Ark</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed Skull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Car Accident</u>				
		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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Lanagan McDonald Mo.</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-13-53 1:30a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Accident</u>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:30A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. M. Humphrey, Coroner</u>	23b. ADDRESS <u>Mo. Mo.</u>	23c. DATE SIGNED <u>12-14-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>12-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BLUFF CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>Springdale, Ark.</u>		_____

DATE REC'D BY LOCAL REG. <u>12-14-53</u>	REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>	423-0	FUNERAL DIRECTOR'S SIGNATURE <u>Galton</u>	ADDRESS <u>By Gilbert</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

0600

JAN 26 1954

VS MAY 24 1980

JAN 5 1984

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 J. M. Humphrey Jr.

Licensed Embalmer No. 4770 S

P. O. Address Noel 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.