

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5846

State File No. ....

FILED FEB 24 1954  
BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 46

|   |  |  |   |  |   |  |   |  |
|---|--|--|---|--|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> COUNTY <u>Francosis</u> |   |  |   |  |
| b. CITY OR TOWN <u>Flat River</u>   |  | c. LENGTH OF STAY (In this place)  |   | c. CITY OR TOWN <u>Flat River</u>  |   | d. In Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |   | e. STREET ADDRESS (If rural, give location) <u>200 Coffman</u>   |   |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>THOMSEN</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb 12, 1954</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>April-1-1876</u>   |   | 9. AGE (In years last birthday) <u>77</u>  | 10. UNDER 1 YEAR Months <u>10</u> Days <u>11</u>                                    | 11. UNDER 24 HRS. Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>  |  |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Wholesale Groc.</u>              |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Vally Forge, Mo. St. Francois Co., U.S.A.</u> |  | 12. CITIZEN OF WHAT COUNTRY?  |  |
| 13a. FATHER'S NAME <u>Johanne August Thomsen</u>  |  |  | 13b. MOTHER'S MAIDEN NAME <u>Ann Dittman</u>                          |  | 14. NAME OF HUSBAND OR WIFE <u>Lena F. Thomsen</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>488-09-1065</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME <u>Lena F. Thomsen</u> ADDRESS <u>Flat River, Mo</u>   |   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH             |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>   |  |  |   | DUPLICATE OF (b) <u>Arterio sclerosis</u>  |   |  |   |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.   |  |  |   | DUPLICATE OF (c)   |   |  |   |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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) (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>4-12</u> , 19 <u>47</u> , to <u>2-12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2-1</u> , 19 <u>54</u> , and that death occurred at <u>9:55P</u> m., from the causes and on the date stated above. |  |  |   |  |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>C. H. Appleberry M.D.</u>   |  |  |   | 23b. ADDRESS <u>Flat River, Mo</u>   |   | 23c. DATE SIGNED <u>2-15-54</u>  |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   |  | 24b. DATE <u>Feb-15-1954</u>   | 24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>           |  | 24d. LOCATION (City, town, or county) (State) <u>Farmington, Mo</u>                                 |  |   |  |
| DATE REC'D BY LOCAL REG. <u>Feb. 15, 1954</u>   |  | REGISTRAR'S SIGNATURE <u>Ethel Rudloff</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u> ADDRESS <u>Flat River, Mo</u>   |   |  |   |  |

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

MAY 18 1955

MAY 1 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.....  
Signature of Student Embalmer

Signed.....  
*Murphy Sparks*

Licensed Embalmer No. *42*

P. O. Address *Had...*

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.