No. 300
10.48

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30055
State File No.

BIRTH NO. REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 24

1. PLACE OF DEATH
a. COUNTY: Cedar
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Madison
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Cedar
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Madison 0200
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) J. c. (Last) Thompson
4. DATE OF DEATH (Month) Sept (Day) 6 (Year) 1954
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 25 1869
9. AGE (In years last birthday): 84 — If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Polk County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Isac Thompson
13b. MOTHER'S MAIDEN NAME: Martha Frieze
14. NAME OF HUSBAND OR WIFE: deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Noel Thompson ADDRESS: Fair Play, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endarteritis gangrene — INTERVAL BETWEEN ONSET AND DEATH: 8 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Endarteritis — 1 month
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: 456X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 3, 1954, *to* 9-6, 1954 *that I last saw the deceased alive on* 9-5, 1954, *and that death occurred at* 5:45 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE: G. L. Figure (Degree or title): P.O. Stockton Mo.
23b. ADDRESS:
23c. DATE SIGNED: 9-18-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-8 1954
24c. NAME OF CEMETERY OR CREMATORY: Lindley Prairie
24d. LOCATION (City, town, or county) (State): Bear Creek, Mo.

DATE REC'D BY LOCAL REG.: 9-20-1954
REGISTRAR'S SIGNATURE: Geneva Garrison
25. FUNERAL DIRECTOR'S SIGNATURE: Barker-Erwin-Blue ADDRESS: Fair Play, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar - 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.