

FILED OCT 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30420**

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3024** Registrar's No. **78**

1. PLACE OF DEATH
a. COUNTY **Howard**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Howard**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Fayette** c. LENGTH OF STAY (in this place) _____ c. CITY OR TOWN **Fayette** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **204 N. Howard Street** e. STREET ADDRESS (If rural, give location) **204 N. Howard Street** *0.45/0*

3. NAME OF DECEASED a. (First) **Jasper** b. (Middle) **----** c. (Last) **Thompson** 4. DATE OF DEATH (Month) (Day) (Year) **Sept. 19, 1954**

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married** 8. DATE OF BIRTH **July 26, 1867** 9. AGE (In years last birthday) **87** 1 **1** 23 **23** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Lawyer** 10b. KIND OF BUSINESS OR INDUSTRY **Self employed** 11. BIRTHPLACE (City and State or Foreign Country) **Howard Co., Missouri** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George Thompson** 13b. MOTHER'S MAIDEN NAME **Eliza Forbis** 14. NAME OF HUSBAND OR WIFE **Katherine Farmer**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Jasper Thompson, Fayette, Mo.** ADDRESS _____

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **hemiplegia both feet** MEDICAL CERTIFICATION
INTERVAL BETWEEN ONSET AND DEATH **2 weeks**
ANTECEDENT CAUSES DUE TO (b) **Arteriosclerosis, generalized, severe on knees**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
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 **4501** 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 **Jan 10, 1953**, to **Sept 19, 1954**, that I last saw the deceased alive on **Sept 18, 1954**, and that death occurred at **12:00 PM**, from the causes and on the date stated above.

23a. SIGNATURE **J. Dean D. D. Fayette, Mo.** (Degree or title) 23b. ADDRESS _____ 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9-21-54** 24c. NAME OF CEMETERY OR CREMATORY **Washington Cemetery** 24d. LOCATION (City, town, or county) (State) **Gleason, Missouri**

DATE REC'D BY LOCAL REG. **10-7-54** REGISTRAR'S SIGNATURE **Mary K. Shello** GENERAL DIRECTOR'S SIGNATURE **Ralph A. Carr** ADDRESS **Fayette, Missouri**

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.....
Signature of Student Embalmer

Signed *Ralph A. Carr*.....

Licensed Embalmer No. *33*.....

P. O. Address *Fayette*.....

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.