

FILED DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40691**

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021** Registrar's No. **203**

1. PLACE OF DEATH
a. COUNTY **Grundy**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Grundy**

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

d. FULL NAME OF HOSPITAL OR INSTITUTION **Home**
e. STREET ADDRESS (If rural, give location) **2416 Mable** **0402**

3. NAME OF DECEASED
a. (First) **Albert** b. (Middle) **BANKS** c. (Last) **Thompson**
4. DATE OF DEATH (Month) (Day) (Year) **Dec. 25, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**
8. DATE OF BIRTH **Feb. 10, 1872** 9. AGE (In years last birthday) **82** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Retired cook**
10b. KIND OF BUSINESS OR INDUSTRY **Restaurant**
11. BIRTHPLACE (City and State or Foreign Country) **Clark County, Mo.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **David Thompson** 13b. MOTHER'S MAIDEN NAME **Sarah Ann Hume** 14. NAME OF HUSBAND OR WIFE **Nettie Mumford Thompson**

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. _____
17. INFORMANT'S SIGNATURE OR NAME **Mrs. Cliff Dennis** ADDRESS **Trenton, Mo.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Arterio Sclerosis**
INTERVAL BETWEEN ONSET AND DEATH **Nov 1953**
*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) _____
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 **4500** 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) _____ 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 **Nov 4, 1953**, to **Dec 25, 1954** that I last saw the deceased alive on **Dec 25, 1954** and that death occurred at **11:20** m., from the causes and on the date stated above.

23a. SIGNATURE **E. A. Duffy M.D.** (Degree or title) 23b. ADDRESS **Trenton Mo.** 23c. DATE SIGNED **Dec 27 1954**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-28-54** 24c. NAME OF CEMETERY OR CREMATORY **Grundy Center** 24d. LOCATION (City, town, or county) (State) **Grundy County, Mo.**

DATE REC'D BY LOCAL REG. **12/28/54** REGISTRAR'S SIGNATURE **Gene Jari** 115-0 25. FUNERAL DIRECTOR'S SIGNATURE **Gipson Funeral Home** ADDRESS **Trenton, Mo.**

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 *Leo Y. Whitaker*.....

Licensed Embalmer No....476

P. O. Address *Tamworth*

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.