

FILED MAR 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. **6960**

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		c. LENGTH OF STAY (in this place) 15 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston		1003	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 112 Dixie St.				d. STREET ADDRESS (If rural, give location) 112 Dixie St.			
3. NAME OF DECEASED (Type or Print) a. (First) Essex		b. (Middle) -----		c. (Last) Thompson		4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1955	
5. SEX Male		6. COLOR OR RACE Col.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 3, 1882	
9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months 8 Days 18		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 (State or foreign country) Charleston, Miss.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ben Thompson		13b. MOTHER'S MAIDEN NAME Unk.		14. NAME OF HUSBAND OR WIFE Ellen Thompson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 497-16-4869		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ellen Thompson, 112 Dixie, Sikeston, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion		ANTECEDENT CAUSES Coronary Heart Disease				2 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) -----				10 days	
		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 4201				20. AUTOPSY? 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)		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 9 Feb , 1955, to 19 Feb , 1955, that I last saw the deceased alive on 19 Feb , 1955, and that death occurred at 11:00A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) John R Sample, M.D.				23b. ADDRESS Charleston, Mo.		23c. DATE SIGNED 27 Feb 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 27, 1955		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery		24d. LOCATION (City, town, or county) (State) Sikeston, Mo.	
DATE REC'D BY LOCAL REG. 3-1-55		REGISTRAR'S SIGNATURE Mrs. Ellen Thompson		25. FUNERAL DIRECTOR'S SIGNATURE J. D. Sparks		ADDRESS Sikeston, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED MAR 7 1955

SCOTT CO. HEALTH DEPT.

CO. FILE No. 355-57

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 Frank Sparks

Licensed Embalmer No. 3455-

P. O. Address Pepe Guardamagna

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.