

FILED MAR 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7522

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 5782 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fruitland</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Shawnee</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fruitland</u>		d. STREET ADDRESS (If rural, give location) <u>5 mi N Jackson Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Rufus</u> c. (Last) <u>Thompson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 17 1955</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Dec 14-1873</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR: Months <u>3</u> Days <u>3</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>John Thompson</u>		13b. MOTHER'S MAIDEN NAME <u>Emilie Sides</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Bessie Thompson</u>	
(If yes, give war or dates of service)		NO.		ADDRESS <u>Fruitland</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>Mo</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u>					
*This does not mean the mode of dying, such as heart failure, atheria, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		DUE TO (b) <u>Cardio-vascular Disease,</u>			
		DUE TO (c) <u>Arteriosclerosis and Senility.</u>			
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			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 Aug. 7, 1955 to Mar. 17, 1955 that I last saw the deceased alive on Mar. 17, 1955, and that death occurred at 11:10 A.M.; from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Robert L. Lindall, M.D.</u>		23b. ADDRESS <u>Jackson, Missouri</u>		23c. DATE SIGNED <u>3/18/55.</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/18/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Apple Creek</u>	
				24d. LOCATION (City, town, or county) (State) <u>1 mi S-Pocahontas Mo</u>	

DATE REC'D BY LOCAL REG. <u>3/21/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> No. <u>43-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Denette Hard</u> ADDRESS <u>Jackson Mo</u>	
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(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 R. O. Laird

Licensed Embalmer No. 4938

P. O. Address Jackson, 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.