

FILED MAR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7600

State File No.

 BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 5291 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty - Rural</u>		c. LENGTH OF STAY (In this place) <u>4 mo.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cowgill</u>		0130
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>I O O F Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>none</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>M</u> c. (Last) <u>Thomson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 20 55</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-3-1875</u>	9. AGE (In years last birthday) <u>79</u>	# UNDER 1 YEAR Months
# UNDER 1 YEAR Days	# UNDER 24 HRS. Hours	# UNDER 24 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Store</u>
11. BIRTHPLACE (State or foreign country) <u>Cowgill, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Fredrick Thomson</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Thomson</u>		14. NAME OF HUSBAND OR WIFE <u>Daisy Thomson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss. Ruth Thomson, Cowgill, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Cerebral Hemorrhage</u>			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, 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				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) (m.)	
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 <u>Jan</u> , 19 <u>55</u> , to <u>Mar</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Mar 20</u> , 19 <u>55</u> , and that death occurred at <u>3:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Wm. G. Goodson M.D.</u>			23b. ADDRESS <u>Liberty Mo</u>		23c. DATE SIGNED <u>3/22/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-22-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cowgill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Cowgill, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>March 23, 1955</u>	REGISTRAR'S SIGNATURE <u>Hazel Graham</u>	491-0	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cramer Clark, Kingston, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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 Cramer Clark

Licensed Embalmer No. 3257

P. O. Address Kingston,

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING** (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.