

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 9 1955

State File No. **11103**

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 463		
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 14 Yrs.		c. CITY OR TOWN St. Joseph		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 809 Robidoux Street				e. STREET ADDRESS (If rural, give location) 809 Robidoux Street				
3. NAME OF DECEASED (Type or Print) a. (First) CLYDE b. (Middle) EDWARD c. (Last) THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) May 2, 1955					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Divorced		8. DATE OF BIRTH May 3/1908		
9. AGE (In years last birthday) 46		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Various		11. BIRTHPLACE (City and State or Foreign Country) Mound City, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Carl E. Thompson		13b. MOTHER'S MAIDEN NAME Lettie L. Davis		14. NAME OF HUSBAND OR WIFE --- Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 496-05-3242		17. INFORMANT'S SIGNATURE OR NAME O. R. Thompson, St. Joseph, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poisoning ANTECEDENT CAUSES DUE TO (b) Man left a suicide note. DUE TO (c) A strychnine Sulfate bottle was found near the body. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 day.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E9711					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) his home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Joseph Buchanan MO.		21d. HOW DID INJURY OCCUR? From poisoning himself		
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) May 2 - 1955 6:45 P.M.		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		22. I hereby certify that I caused the deceased from on 5/2, 1955, to , 19 5 , that I last saw the deceased alive on 5/2 , 19 55 , and that death occurred at 5:45 P.M. , from the causes and on the date stated above.				
23a. SIGNATURE. H. F. Mundy, Coroner, M.D.				23b. ADDRESS St. Joseph Mo.		23c. DATE SIGNED 5/3/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 4, 1955		24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery		24d. LOCATION (City, town, or county) (State) Maitland Mo.		
DATE REC'D BY LOCAL REG. May 4, 1955		REGISTRAR'S SIGNATURE Evelyn M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home, St. Joseph		ADDRESS		

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

SEP 2 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not}embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Bill G. Schuman*

Licensed Embalmer No. *467*

P. O. Address *57 Gray*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.