

FILED APR 18 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

560 State File No. 12448

| | | | | | | | |
|---|-------------------------------|---|---|---|--|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>164</u> | | PRIMARY REG. DIST. NO. <u>2032</u> | | Registrar's No. <u>38</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | | |
| b. CITY OR TOWN <u>Rural Warrensburg</u> | | c. LENGTH OF STAY (In this place) <u>66 Yrs</u> | | c. CITY OR TOWN <u>Rural Warrensburg</u> | | 0510 0 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD 3 Warrensburg</u> | | | | d. STREET ADDRESS (If rural, give location) <u>RFD 3 Warrensburg</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Middle) <u>J</u> c. (Last) <u>Thomson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 7 1955</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 19 1889</u> | | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months <u>66</u> | IF UNDER 24 HRS. Days <u>66</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Groceries</u> | | 11. BIRTHPLACE (State or foreign country) <u>Warrensburg Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | |
| 13a. FATHER'S NAME <u>Clifton Thomas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Nannie Warren</u> | | 14. NAME OF HUSBAND OR WIFE <u>Myrtle Thomson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Myrtle Thomson</u> ADDRESS <u>Warrensburg Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u> |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>Epilepsy, Grand mal</u> | | | | | 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) <u>Warrensburg Mo.</u> | | 4201 | |
| 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 <u>You</u> , 19 <u>55</u> , to <u>Sept</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-7</u> , 19 <u>55</u> , and that death occurred at <u>7:15</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Dr. Ledere MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Warrensburg Mo</u> | | 23c. DATE SIGNED <u>4-9-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>4-9-1955</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u> | | 24d. LOCATION (City, town, or county) (State) <u>Warrensburg Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>Apr 9, 1955</u> | | REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney Phillips</u> ADDRESS <u>Warrensburg Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 11 1955
JOHNSON COUNTY HEALTH DEPT.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed J. Earl Priest
Licensed Embalmer No. 3878

P. O. Address Warrensburg

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.