

STANDARD CERTIFICATE OF DEATH

19219

FILED JUN 20 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 65

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 (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>		c. LENGTH OF STAY (in this place) <u>25 yrs.</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Residence, 318 W. Pine St.</u>		d. STREET ADDRESS (If rural, give location) <u>318 W. Pine St.</u>	

3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>HILL</u> c. (Last) <u>THOMPSON,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 10th, 1955</u>		
5. SEX <u>Male,</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married,</u>	
8. DATE OF BIRTH <u>April 6th, 1900</u>		9. AGE (In years last birthday) <u>55</u>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Custodian,</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Public School</u>		
11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Montague Thompson,</u>		13b. MOTHER'S MAIDEN NAME <u>Mary F. White,</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Thompson,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>500-I-0-7647</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Thompson, Warrensburg, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>	
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized Arteriosclerosis</u>		DUE TO (b) _____ DUE TO (c) _____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
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 <u>4500</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)		
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 9-23-52, 1952, to 6-10-1955, 1955, that I last saw the deceased alive on 6-10-, 1955, and that death occurred at 1:00A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature] M.D.</u>		23b. ADDRESS <u>Warrensburg, Missouri</u>		23c. DATE SIGNED <u>6-10-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-13-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>	
24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Missouri</u>					

DATE REC'D BY LOCAL REG. <u>June 11, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Critchfield</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. A. Brauninger Warrensburg, Mo.</u>	
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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 W.A. Banning

Licensed Embalmer No. 3372

P. O. Address Warrensburg,

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.