

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32482

State File No. ....

FILED NOV 9 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5761 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY OR TOWN <u>New Bloomfield</u>	c. LENGTH OF STAY (in this place) <u>7 mo.</u>	c. CITY OR TOWN <u>EUGENE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ingram Convalescing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0260</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>Thomas</u>	c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1955</u>
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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>Feb. 2, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Merchant + Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Miller Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Jas. C. Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Cross</u>	14. NAME OF HUSBAND OR WIFE <u>Lucy Ann Thompson</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VASCA Thompson</u>	ADDRESS <u>EUGENE, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. I	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>approx 2 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Voluntarily Heart Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4214</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis</u>			

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) (Min.) _____	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 Mar 2, 1955, to Nov 4, 1955, that I last saw the deceased alive on Oct 29, 1955, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. M. Rank M.D.</u> (Degree or title)	23b. ADDRESS <u>New Bloomfield Mo</u>	23c. DATE SIGNED <u>11/4 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Hill</u>	24d. LOCATION (City, town, or county) (State) <u>EUGENE Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11/4/55</u>	REGISTRAR'S SIGNATURE <u>Leroy Clayborne</u>	39-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis A. Phillips</u>	ADDRESS <u>Eugene</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed *Louis N. Phillips*  
.....

Licensed Embalmer No. *36*.....

P. O. Address *Leeds*.....

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