

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32677

State File No. ....

BIRTH NO. 42537-55 REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 5374 Registrar's No. 418

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>RURAL COLFOX TWP. 2 MO.</u>		c. CITY OR TOWN <u>RURAL COLFOX</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>His Home</u>		e. STREET ADDRESS (If rural, give location) <u>932<sup>nd</sup></u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u> b. (Middle) <u>L</u> c. (Last) <u>Thompson Jr.</u>		4. DATE OF DEATH <u>OCT. 7 - 1955</u> (Month) (Day) (Year)	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>-</u>	8. DATE OF BIRTH <u>July 24 1955</u>
9. AGE (In years last birthday) <u>2</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>Jerry L. Thompson Sr</u>	13b. MOTHER'S MAIDEN NAME <u>Vivian Miller</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jerry L. Thompson Sr. DeKalb 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Pulmonary Stenosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u> DUE TO (c) <u>7590</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rt Auricular Dilatation.</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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>July 24, 1955</u> , to <u>Oct 7<sup>th</sup>, 1955</u> , that I last saw the deceased alive on <u>Oct 1<sup>st</sup>, 1955</u> , and that death occurred at <u>12:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>Cameron Mo</u>	23c. DATE SIGNED <u>10-15-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Triggsville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>DeKalb Co. MO</u>
DATE REC'D BY LOCAL REG. <u>10-18-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>CRUNK Cameron, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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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 *Le Roy Hunt*

Licensed Embalmer No. *252*

P. O. Address *Camden*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above: