

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33026**

FILED OCT 24 1955

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3035 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) West Plains		c. CITY (If outside corporate limits, write RURAL and give township) West Plains	
c. LENGTH OF STAY (in this place) 38 yrs		d. STREET ADDRESS (If rural, give location) 617 E. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence			

3. NAME OF DECEASED (Type or Print) a. (First) FRANCIS b. (Middle) MARION c. (Last) THOMPSON			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1955		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 15, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Mgr. Caning & Food Proc. Plt.		10b. KIND OF BUSINESS OR INDUSTRY Webster County, Mo.		11. BIRTHPLACE (State or foreign country) U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Geo. W. Thompson		13b. MOTHER'S MAIDEN NAME Mary Shook		14. NAME OF HUSBAND OR WIFE Leda Cass Thompson	
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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) NO		16. SOCIAL SECURITY NO. NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. F.M. Thompson, W.Plains, Mo.		ADDRESS W.Plains, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Coronary Thrombosis				3 hrs.	
ANTECEDENT CAUSES		arteriosclerosis				15 yrs	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)					
		DUE TO (c)					
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				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	
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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?	
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22. I hereby certify that I attended the deceased from May, 1950, to Oct 12, 1955, that I last saw the deceased alive on Oct 11, 1955, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE D. Callihan M.D.		(Degree or title)		23b. ADDRESS West Plains, Mo.		23c. DATE SIGNED 10-13-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 13, 1955		24c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.		24d. LOCATION (City, town, or county) (State) West Plains, Missouri	
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DATE REC'D BY LOCAL REG. 10-17-55		REGISTRAR'S SIGNATURE Beatrice Cook		25. FUNERAL DIRECTOR'S SIGNATURE Hal Thompson		ADDRESS West Plains, Mo.	
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JAN 11 1956

DEC 28 1956

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

Hal Lombard

Licensed Embalmer No. 3408

P. O. Address W. Plain

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.