

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

FILED JAN 3 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41712

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>6057</u>		Registrar's No. <u>EC</u>			
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural- St. Chas. twsp.</u>		c. LENGTH OF STAY (In this place) <u>DOA</u>		c. CITY OR TOWN <u>Rural- Dardenne twsp.</u>		d. Is Residence within limits of a city or incorporated town? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>600 ft. south of Friedens</u>				e. STREET ADDRESS (If rural, give location) <u>R.R. # 4</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maurice</u>			b. (Middle) <u>S.</u>		c. (Last) <u>Thompson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 23, 1955</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Nov. 5, 1937</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR <u>18</u> Months <u>1</u> Days IF UNDER 24 HRS. <u>18</u> Hours <u> </u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>carpenter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House Constr.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saint Charles Co., Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John A. Thompson</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Gau</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
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>491-40-3301</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. J. Thompson, St. Charles Co., 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, ashenia, 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) <u>Death due to internal injuries due to automobile accident</u>				ANTECEDENT CAUSES <u>due to automobile accident</u>					
DUE TO (b) _____				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>600 So. Friedens</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Church St. Charles twsp., Mo.</u> (COUNTY) <u>093</u> (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec. 23 12:30A m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>automobile turned over</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:00 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Maurice Thompson</u>				23b. ADDRESS <u>Wentzville 2nd St</u>		23c. DATE SIGNED <u>Dec 24, 1955</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 26, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Gottleville, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Dec 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Francis Benedict</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Dalling + Son</u>		ADDRESS <u>St. Charles, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

9561 11 7027

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 .....

Licensed Embalmer No. 216

P. O. Address 

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.