FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14383

State File No.

BIRTH NO. 124/7725-56 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonne Terre
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Francois
c. CITY OR TOWN: Farmington
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): R. R. 1.

0940

3. NAME OF DECEASED (Type or Print)
a. (First): STEPHEN
b. (Middle): THOMPSON
c. (Last):

4. DATE OF DEATH (Month) April (Day) 2 (Year) 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 1, 1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Bonne Terre Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Joseph Thompson
13b. MOTHER'S MAIDEN NAME: Verna White
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Joseph Thompson
ADDRESS: Farmington, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable intracranial hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c) Mongolism

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hemorrhages: umbilicus, skin

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 7605
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-1, 1956 *to* 4-2, 1956, *that I last saw the deceased alive on* 4-1, 1956, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. Richard Crouch MD (Degree or title)
23b. ADDRESS: Farmington, Mo.
23c. DATE SIGNED: 4-2-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-2-56
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cem.
24d. LOCATION (City, town, or county) (State): Farmington, Mo

DATE REC'D BY LOCAL REG.: Apr. 2, 1956
REGISTRAR'S SIGNATURE: Esther Kindloff
25. FUNERAL DIRECTOR'S SIGNATURE: Miller Fun'l Home
ADDRESS: Farmington, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by .....Not embalmed....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Reel K Dugal.....

Licensed Embalmer No. 412

P. O. Address Farming

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