

FILED MAY 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16155

State File No.

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3027 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY OR TOWN <u>Bethany</u>	c. LENGTH OF STAY (in this place) <u>40 yrs</u>	c. CITY OR TOWN <u>Bethany</u>	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>05411</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at Home</u>		e. STREET ADDRESS (If real, give location) <u>Central St No 11</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Kendall</u> b. (Middle) <u>Randolph</u> c. (Last) <u>Thompson</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-13-1956</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>Married</u>	8. DATE OF BIRTH <u>12-23-1889</u>	9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>20</u> IF UNDER 6 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Kalb County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Samuel Thompson</u>	13b. MOTHER'S MAIDEN NAME <u>Amanda Bledsoe</u>	14. NAME OF HUSBAND OR WIFE <u>Lottie 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>487-10-6366</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lottie Thompson</u> ADDRESS <u>Bethany 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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Emphysema NOS. Atrophic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>587.1</u>		
	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 checked="" type="checkbox"/> <u>5271</u>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-27, 1953, to 5-13, 1956, that I last saw the deceased alive on 5-13, 1956, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Meriam Leash MD</u>	23b. ADDRESS <u>Bethany Mo</u>	23c. DATE SIGNED <u>5/16/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5-15-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Meriam</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/16/56</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>Bethany Mo.</u>
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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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *JWB Laro*

Licensed Embalmer No. *38*

P. O. Address *Bethany*

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.

will not be used