

BIRTH NO.		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 3073		Registrar's No. 15	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>		c. LENGTH OF STAY (In this place) <u>49 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Chaffee</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>103 S. Third St.</u>				d. STREET ADDRESS (If rural, give location) <u>103 S. Third St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>Brown</u> c. (Last) <u>Thomson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1956</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 23, 1861</u>		9. AGE (In years last birthday) <u>95</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except retired) <u>Gen. Master Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Trico Rail Road</u>		11. BIRTHPLACE (State or foreign country) <u>Hawick, Scotland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Andrew Thomson</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Pringle</u>		14. NAME OF HUSBAND OR WIFE <u>Ara Finley Thomson</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Mary Helen Thomson Chaffee, 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>RESPIRATORY PARALYSIS</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS.</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>DEBILITY, UREMIA</u>					<u>3 mo.</u>	
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CARDIOVASCULAR-RENAL DISEASE</u>					<u>4 mo.</u>	
19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NATURAL</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>NONE</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>CHAFFEE, MO.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>NONE</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>---</u>			
22. I hereby certify that I attended the deceased from <u>MAR.</u> , 1956 to <u>MAY</u> , 1956, that I last saw the deceased alive on <u>MAY 19, 1956</u> and that death occurred at <u>5:42 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. J. Mosebach, D.O.</u>				23b. ADDRESS <u>CHAFFEE, MO.</u>		23c. DATE SIGNED <u>5-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>May 27, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Chaffee, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5-26-56</u>		REGISTRAR'S SIGNATURE <u>Miss Ed Beapling</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Beapling Hoff Funeral Home Chaffee, Mo.</u>			

DATE RECEIVED _____
SCOTT CO. HEALTH DEPT.
CO. FILE No. 156-121

1961-22-1177

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 _____

working under my personal supervision.

Student Embalmer No. _____

Student
Student Embalmer

Signed

Oliver A. Smith

Licensed Embalmer No. 4470

P. O. Address Illness, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.