

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23191  
STATE FILE NUMBER

44828-56  
FILED JUL 23 1956

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 213

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY Cole  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Pulaski                             |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City   |   | c. CITY OR TOWN Devils Elbow   |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Marys Hosp. I-I/2days  |   | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |  |
| 3. NAME OF DECEASED (Type or print) Michael Robert Thompson  |   |  | 4. DATE OF DEATH July 19, 1956   |
| 5. SEX Male  | 6. COLOR OR RACE white  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH July 18, 1956   |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none  |   | 9b. AGE (In years last birthday) 1 6   | 9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days 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 none   | 11. BIRTHPLACE (City and state or country) Jefferson City, Mo.                                 |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A.  |   | 13. FATHER'S NAME Robert Earl Thompson   |  |
| 14. MOTHER'S MAIDEN NAME Frances Locke   |   | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no  |  |
| 16. SOCIAL SECURITY NO. none   |   | 17. INFORMANT St. Marys Hosp. Jefferson City Mo.   |  |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Immaturity</i><br>DUE TO (b) <i>Pre-maturity</i><br>DUE TO (c) <i>Pre-maturity on set of labor</i> |   |  | INTERVAL BETWEEN ONSET AND DEATH   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  |   |  | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)   |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.  |   |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY STATE  |  |
| 21. I attended the deceased from 7-18-56 to 7-19-56 and last saw him alive on 7-19-56<br>Death occurred at 12:06 P. m on the date stated above; and to the best of my knowledge, from the causes stated.                               |   |  |  |
| 22a. SIGNATURE <i>W. D. McFarland</i> (Degree or title)  |   | 22b. ADDRESS 507 East High St. Jefferson City Mo   | 22c. DATE SIGNED 7-20-56   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   | 23b. DATE July 20, 1956   | 23c. NAME OF CEMETERY OR CREMATORY Long View Cemetery  | 23d. LOCATION (City, town, or county) Jefferson City Missouri                                  |
| 24. FUNERAL DIRECTOR Thorpe J. Gordon Jefferson City Mo  |   | 25. DATE RECD. BY LOCAL REG. 21 July 1956  | 26. REGISTRAR'S SIGNATURE R. P. Davis MD-MR  |

MEDICAL CERTIFICATION

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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 Body was not embalmed, Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Gideon N. Houser

Licensed Embalmer No. 45

P. O. Address Jefferson

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