

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27443**

FILED AUG 27 1956

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden	c. LENGTH OF STAY (in this place) 2 hrs.	c. CITY OR TOWN Holden	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0510
d. FULL NAME OF HOSPITAL OR INSTITUTION Holden Hospital		e. STREET ADDRESS (If rural, give location) 3 mi S.E. of Holden, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Corbett c. (Last) Thompson	4. DATE OF DEATH (Month) (Day) (Year) Aug. 21, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 29, 1898	9. AGE (in years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) West Virginia	12. CITIZEN OF WHAT COUNTRY? USA.
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13a. FATHER'S NAME Dr. Emery Thompson	13b. MOTHER'S MAIDEN NAME Elizabeth Matthews	14. NAME OF HUSBAND OR WIFE Betty Thompson
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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) no	16. SOCIAL SECURITY NO. 493-38-4721	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Betty Thompson, Holden, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolism		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) _____ 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"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 21, 1956, to Aug 21, 1956, that I last saw the deceased alive on Aug 21, 1956, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) James M. Holmberg M.D.	23b. ADDRESS Holden, Mo.	23c. DATE SIGNED 8-22-56
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24a. BURIAL, CREMATION REMOVAL (Specify) burial	24b. DATE 8-23-1956	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Mo.
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DATE REC'D BY LOCAL REG. Aug 25, 1956	REGISTRAR'S SIGNATURE Mrs. E. V. Redford	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. B. CAST HOLDEN MO
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(Licensed Embalmer's Statement on Reverse Side)

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

150

JUG 30 1956

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.....
EB Cunt

Licensed Embalmer No. *405*

P. O. Address *Hollis*

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.