

Health, Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

STANDARD CERTIFICATE OF DEATH

29938
STATE FILE NUMBER

FILED OCT 1 - 1956

4907-56

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1037

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. METH. HOSP.		d. STREET ADDRESS (If outside, give location) 310 S. 15th St.	
3. NAME OF DECEASED (Type or print) First GREGORY		Middle LYNN	
Last THOMPSON		4. DATE OF DEATH Month Sept. Day 20 Year 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 March 3, 1956
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant		10b. KIND OF BUSINESS OR INDUSTRY -----	9. AGE (In years last birthday) IF UNDER 1 YEAR Month: 6 Days: 17 IF UNDER 24 HRS. Hours: Min.
13. FATHER'S NAME Charles Floyd Thompson		11. BIRTHPLACE (City and state or country) St. Joseph, Mo.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. -----		14. MOTHER'S MAIDEN NAME Alline E. Couch	
17. INFORMANT Mr. Charles Thompson		Address 310 S. 15th St. St. Joseph,	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) accidental suffocation			INTERVAL BETWEEN ONSET AND DEATH -----
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) signed as an unnatural death in the city of St. Joseph, Mo			
DUE TO (c) -----			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (1)			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 a. m. p. m.	1:31		
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 viewed 9-20-56 to viewed 9-22-56 and last saw her alive on 9-22-56 Death occurred at 10:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Richard L. Maginn M.D. (Degree or title) <i>Assistant City Health Officer</i>		22b. ADDRESS Phys & Surg Bldg 216, St. Joseph	22c. DATE SIGNED 9-22-56
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9/20/1956	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, county) (State) Maryville, Missouri
24. FUNERAL DIRECTOR Henton Bowman St Joseph Mo ADDRESS		25. DATE RECD. BY LOCAL REG. Sept 26, 1956	26. REGISTRAR'S SIGNATURE Edith M. Allison

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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(Licensed Embalmer's Statement on Reverse Side)

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 *William Spading*.....

Licensed Embalmer No. *453*

P. O. Address *319 E. 11th St.*

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.